2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117392

157 OCEAN BREEZE CR.

INDIALANTIC, FL 32903

Address: City-St-Zip: FILED May 01, 2009 Secretary of State

Entity Name: 100 W. LUCAS ROAD, INC. **Current Principal Place of Business: New Principal Place of Business:** 100 W. LUCAS ROAD MERRITT ISLAND, FL 32953 **Current Mailing Address: New Mailing Address:** 157 OCEAN BREEZE CIR. INDIALANTIC, FL 32903 FEI Number: 59-3688327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STOLL, PAMELA P 157 OCEAN BREEZE CIR. INDIALANTIC, FL 32903 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change () Addition PATRICK, MICHAEL J PATRICK, MICHAEL J Name: Name: 1480 ROOSEVELT AVE., #103 1480 ROOSEVELT AVE., #103 Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: MELBOURNE, FL 32901 Title: Title: (X) Change () Addition () Delete Name: STOLL, PAMELA P Name: STOLL, PAMELA P 157 OCEAN BREEZE CR. 157 OCEAN BREEZE CR. Address: Address: INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition STOLL, MARTIN L Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PAMELA STOLL P 05/01/2009