

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012091

Entity Name: LUCIA'S TRADING DEPOT, INC.

FILED  
Apr 29, 2004  
Secretary of State

**Current Principal Place of Business:**

15107 MADEIRA WAY  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

15107 MADEIRA WAY  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

FEI Number: 59-3697833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOLE, LUCILLE  
15107 MADEIRA WAY  
MADEIRA BEACH, FL 33708

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NOLE, LUCILLE  
Address: 15107 MADEIRA WAY  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VD ( ) Delete  
Name: GOODEN, ROBERT  
Address: 14001 GOLF BLVD #211  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VD ( ) Delete  
Name: NOLE, LOUIS  
Address: 9972 INDIAN KEY TRAIL  
City-St-Zip: SEMINOLE, FL 33776

Title: TD ( ) Delete  
Name: NOLE, MICHAEL  
Address: 1709 CYPRESS AVE  
City-St-Zip: BELLEAIR, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: ROBERT GOODEN

PRES

04/29/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date