

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012091

Entity Name: LUCIA'S TRADING DEPOT, INC.

FILED
Apr 25, 2005
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 US

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: LUCILLE NOLE

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date