

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012091

Entity Name: LUCIA'S TRADING DEPOT, INC.

FILED  
Apr 27, 2011  
Secretary of State

## Current Principal Place of Business:

14001 GULF BLVD.  
#211  
MADEIRA BEACH, FL 33708

## New Principal Place of Business:

## Current Mailing Address:

14001 GULF BLV.  
211  
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  
14001 GULF BLV.  
211  
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

## OFFICERS AND DIRECTORS:

Title: PD  
Name: NOLE, LUCILLE  
Address: 14001 GULF BLV.#211  
City-St-Zip: MADEIRA BEACH, FL 33708

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LUCILLE A. NOLE

PRES

04/27/2011

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

\_\_\_\_\_  
Date