

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000030157

Entity Name: LUCKY 2 CORPORATION

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3642 S.E. 5TH COURT  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

3642 S.E. 5TH COURT  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 65-1091002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPBELL, CAROLA  
3642 S.E. 5TH COURT  
CAPE CORAL, FL 33904 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: DPT  
Name: CAMPBELL, CAROLA  
Address: 3642 S.E. 5TH COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: DSVP  
Name: HACKMAN, SARAH  
Address: 3949 EVANS AVE 403  
City-St-Zip: FORT MYERS, FL 33901

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: CAROLA CAMPBELL

DPT

01/17/2011

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

\_\_\_\_\_  
Date