

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000068361		
1. Entity Name SANTA LUCIA ENTERPRISES, INC.		
Principal Place of Business 1323 B CAPE CORAL PKWY EAST CAPE CORAL, FL 33904		Mailing Address 1318 LAFAYETTE STREET CAPE CORAL, FL 33904
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL, FL 33904		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MEINS, HARTMUT 1323 B CAPE CORAL PKWY EAST CAPE CORAL, FL 33904	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____		