


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90408 023 ***150.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1323 B Cape Coral Pkwy E Suite, Apt. #, etc.			
City & State Zip Country		City & State Cape Coral, FL Zip Country 33904		4. FEI Number 65-1149374	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name: BHU of SWFL Street Address, P.O. Box Number is Not Acceptable 1323 B Cape Coral Pkwy E City: Cape Coral FL Zip Code: 33904		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEINS, HARTMUT 1323 B CAPE CORAL PKWY EAST CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 04/13/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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