


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90014 026 ***150.00

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| DOCUMENT # P02000047849 1. Entity Name JOSEPHINE LUCAS P.A. |  |
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| Principal Place of Business 7136 LITTLE ROAD NEW PORT RICHEY, FL 34654 | Mailing Address 7136 LITTLE ROAD NEW PORT RICHEY, FL 34654 |
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01122004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 01-0684018 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SIEGEL & UTRERA, P.A. <i>Jeff Lucas, Esquire</i> 4040 SW 22ND ST. <i>7136 Little Road</i> 4TH FLOOR <i>new Port Richey,</i> MIAMI, FL 33145 <i>FL 34654</i> |
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| 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: <i>Jeff Lucas</i> DATE: <i>2/9/04</i> |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD LUCAS, JOSEPHINE DPM 7136 LITTLE ROAD NEW PORT RICHEY, FL 34654 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD LUCAS, JEFF ESQ. 7136 LITTLE ROAD NEW PORT RICHEY, FL 34654 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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)(i), 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: <i>Josephine A. Lucas</i> DATE: <i>1/24/04</i> DAYTIME PHONE #: <i>(727) 514-2859</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |