

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90151 048 ***150.00

DOCUMENT # P02000074054 1. Entity Name LUCAS QUALITY PROPERTIES INC.					
Principal Place of Business 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243			Mailing Address 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243		
2. Principal Place of Business - No P.O. Box # 3054 UNIVERSITY PARKWAY Suite, Apt. #, etc.		3. Mailing Address 3054 UNIVERSITY PARKWAY Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 02-0628667	
Zip 34243	Country U.S.	Zip 34243	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACINTER CORPORATION 5440 N SR 7 STE 218 FT LAUDERDALE, FL 33319			7. Name and Address of New Registered Agent Name MACINTER CORPORATION Street Address (P.O. Box Number is Not Acceptable) 3054 UNIVERSITY PARKWAY City SARASOTA FL Zip Code 34243		
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: JUAN C. CURCI 042208 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PR CURCI, JUAN C 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURCI, JUAN C 3054 UNIVERSITY PARKWAY SARASOTA, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: JUAN C. CURCI <small>SIGNATURE/TITLE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			042208 941 351 5310 <small>Date Daytime Phone #</small>		