



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000082604	
1. Entity Name LUCARELLI DEVELOPMENT, INC.	

Principal Place of Business 5640 TAYLOR ROAD #5 NAPLES, FL 34109	Mailing Address 5640 TAYLOR ROAD #5 NAPLES, FL 34109
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**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1542677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LUCARELLI, CESARE 614 CORBEL DRIVE NAPLES, FL 34109	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCARELLI, CESARE 614 CORBEL DRIVE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCARELLI, GIACOMO 2207 NOBLES COURT NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCARELLI, DOMINIC F 400 EUCLID AVENUE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCARELLI, ANGELO 400 EUCLID AVENUE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOREANI, HENRY 7544 TREELINE DRIVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000251976  
03/05/05-80005-023 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Giuseppe Lucarelli* 3/1/05 239-289-5012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #