

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082604

FILED  
Jan 24, 2008  
Secretary of State

Entity Name: LUCARELLI DEVELOPMENT, INC.

## Current Principal Place of Business:

5640 TAYLOR ROAD  
E-5  
NAPLES, FL 34109

## New Principal Place of Business:

## Current Mailing Address:

5640 TAYLOR ROAD  
E-5  
NAPLES, FL 34109

## New Mailing Address:

FEI Number: 42-1542677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUCARELLI, CESARE  
614 CORBEL DRIVE  
NAPLES, FL 34109      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LUCARELLI, CESARE  
Address: 614 CORBEL DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: LUCARELLI, GIACOMO SR  
Address: 2207 NOBLE COURT  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: LUCARELLI, DOMINICK F  
Address: 400 EUCLID AVENUE  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: LUCARELLI, ANGELO  
Address: 400 EUCLID AVENUE  
City-St-Zip: NAPLES, FL 34110

Title: D (X) Delete  
Name: FLOREANI, HENRY  
Address: 7544 TREELINE DRIVE  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY FLOREANI

D

01/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date