2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000118844

1. Entity Name
LUCKY 68 INC.

Principal Place of Business	Mailing Address
3630 MARJEAN	3630 MARJEAN
PENSACOLA, FL 32504	PENSACOLA, FL 32504

DO NOT WRITE IN THIS SPACE

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01152007	No Chg-P	CR2E034 (11/05)

4. FEI Number		Applied For
30-0128553		Not Applicable

5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUA, WILLIAM
4306 N DAVIS HWY
PENSACOLA, FL 32503

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (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.   ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUA, WILLIAM
STREET ADDRESS	3630 MARJEAN
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	ST
NAME	HUA, KHIET
STREET ADDRESS	3630 MARJEAN
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07   (850) 434-2289
Date   Daytime Phone #