


FILED
Mar 02, 2005 8:00 am
Secretary of State

01/07/2005 10:44 3865740867

01-31-2005 90081 003 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000132210			
1. Entity Name RALPH J. LUCCHESI, INC.			
Principal Place of Business 1911 PIPER TERRACE DELTONA, FL 32738		Mailing Address 1911 PIPER TERRACE DELTONA, FL 32738	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt., #, etc.		Suite, Apt., #, etc.	
City & State		City & State	
Zip	County	Zip	County
4. FID Number APPLIED FOR 06-1682904		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name & Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUCCHESI, RALPH J 1911 PIPER TERRACE DELTONA, FL 32738		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity's limits the statement for the purposes changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the agent named above.			
SIGNATURE: <i>Ralph J. Lucchese Inc</i>		DATE	
FILE NUMBER: FILE IS \$150.00 After May 1, 2005 it will be \$350.00		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	PSTD LUCCHESI, RALPH J 1911 PIPER TERRACE DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee or trustee empowered to prepare 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 attached list with an address, if not otherwise indicated.			
SIGNATURE: <i>Ralph J. Lucchese</i>		Date: <i>1/7/05</i>	

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01072005 Chg-P CRZE034 (10/03)

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FEIN -
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