

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134549

FILED
Apr 03, 2006
Secretary of State

Entity Name: LUCAS PARK MANAGEMENT, INC.

Current Principal Place of Business:

POST OFFICE BOX 4174
ORMOND BEACH, FL 32175

New Principal Place of Business:

487 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

Current Mailing Address:

POST OFFICE BOX 4174
ORMOND BEACH, FL 32175

New Mailing Address:

FEI Number: 03-0498250 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEUBAUER, DAVID F
487 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176 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: PSD () Delete
Name: NEUBAUER, DAVID F
Address: 487 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD () Delete
Name: HAMANN, EDISON
Address: 11502 WINGHAM COURT
City-St-Zip: ORMOND BEACH, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DAVID F. NEUBAUER

PSD

04/03/2006

Electronic Signature of Signing Officer or Director

_____ Date