2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103236

SARASOTA, FL 34233

City-St-Zip:

FILED Jan 08, 2004 Secretary of State

Entity Name: LUCAS LAGOONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 3629 EGERTON CIR SARASOTA, FL 34233 **Current Mailing Address: New Mailing Address:** 3629 EGERTON CIR SARASOTA, FL 34233 FEI Number: 20-0258055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUEHRING, BARBARA 3629 EGERTON CIR SARASOTA, FL 34233 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LUEHRING, BARBARA Name: Name: 3629 EGERTON CIR Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: CONGDON, LUCAS J Name: CONGDON, LUCAS J 3629 EGERTON CIR Address: 2217 SUNNYSIDE LN Address:

SARASOTA, FL 34239

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA B LUEHRING PRES 01/08/2004