

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000103236

Entity Name: LUCAS LAGOONS, INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3629 EGERTON CIR  
SARASOTA, FL 34233

**New Principal Place of Business:**

809 FAITH AVE  
OSPREY, FL 34229

**Current Mailing Address:**

3629 EGERTON CIR  
SARASOTA, FL 34233

**New Mailing Address:**

809 FAITH AVE  
OSPREY, FL 34229

FEI Number: 20-0258055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUEHRING, BARBARA  
3629 EGERTON CIR  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

CONGDON, LUCAS  
809 FAITH AVE  
OSPREY, FL 34229 US

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: LUCAS CONGDON

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: CONGDON, LUCAS  
Address: 809 FAITH AVE  
City-St-Zip: OSPREY, FL 34229

I hereby 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 all other like empowered.

SIGNATURE: LUCAS CONGDON

PRES

04/25/2012

Electronic Signature of Signing Officer or Director

Date