

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90352 016 ***150.00

DOCUMENT # P03000117708

1. Entity Name

LUCILLE PETRO INC.



Principal Place of Business

17105 SE CR 325
HAWTHORNE FL 32640

Mailing Address

17105 SE CR 325
HAWTHORNE FL 32640

50040835



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **05-0589729**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETRO, LUCILLE
24004 NW OLD BELLAMY RD #15
HIGH SPRINGS FL 32643

WRONG ADDRESS
NEW →

Name **PETRO, LUCILLE**
Street Address (P.O. Box Number is Not Acceptable)
17105 SE CR 325
HAWTHORNE, FL
City **FL** Zip Code **32640**

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 *Lucille Petro* - **LUCILLE PETRO**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PETRO, LUCILLE**
STREET ADDRESS **24004 NW OLD BELLAMY RD #15**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

WRONG ADDRESS
SAA LP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Lucille Petro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

352-222-1353
Daytime Phone