


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90033 015 ***150.00

DOCUMENT # P03000120264			
1. Entity Name LUCKY'S REMODELING INC			
Principal Place of Business 214 SW MADISON CIR N ST PETERSBURG FL 33703 US		Mailing Address 214 SW MADISON CIR N ST PETERSBURG FL 33703 US	
2. Principal Place of Business 214 SW MADISON CIR N		3. Mailing Address 214 SW MADISON CIR N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL	
Zip 33703	Country PINELAS	Zip 33703	Country PINELAS
6. Name and Address of Current Registered Agent TRAKILOVIC, SRETEN 214 SW MADISON CIR N ST PETERSBURG FL 33703		4. FEI Number 200332317	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name N/A			
Street Address (P.O. Box Number is Not Acceptable)			
City FL		Zip Code	
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 Sreten Trakilovic		SIGNATURE Sreten Trakilovic	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		DATE 02-02-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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	PD TRAKILOVIC, SRETEN 214 SW MADISON CIR N ST PETERSBURG FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Sreten Trakilovic** **2-2-04** **(727) 521-9683**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #