2004 FOR PROFIT CORPORATION

Jul 12, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000129019 07-12-2004 90027 020 ***150.00 LUCAS FRAMING INCORPORATED Mailing Address JAVOLIJI Principal Place of Business 8189 VERANO ST 8189 VERANO ST NAVARRE, FL 32566 NAVARRE, FL 32566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082004 CR2E034 (10/03) Applied For City & State City & State 4. FELNE Not ApplicableZip-\$8:75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUCAS, DENNIS ... CONTROL Street Address (P.O. Box Number is Not Acceptable) 8189 VERANO ST NAVARRE, FL 32566 City Zip Code 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 2 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTD TITLE ☐ Change ☐ Addition TITLE Delete LUCAS, DENNIS NAME NAME STREET ADDRESS % 8189 VERANO ST STREET ADDRESS NAVARRE, FL 32566 CITY-ST-ZIP CITY-ST-ZIP VSD ☐ Change TITLE ☐ Delete TITLE ■ Addition LUCAS PAMELA NAME NAME % 8189 VERANO ST STREET ADDRESS STREET ADDRESS NAVARRE, FL 32566 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Crity-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AHachment 54061731

LUCAS FRAMING INCORPORATED 8189 VERANO STREET NAVARRE FL 32566

FEIN 20-0399386

P03000129019

PLEASE ACCEPT THE ATTACHED ANNUAL REPORT WITH THE ENCLOSED CHECK FOR \$150.00. We received the notice to dissolve but did not received a notice to file before this.

Thank You

Dennis Lucas

07-08-04