

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000129019



1. Entity Name  
 LUCAS FRAMING INCORPORATED

Principal Place of Business      Mailing Address  
 8189 VERANO ST                      8189 VERANO ST  
 NAVARRE, FL 32566                  NAVARRE, FL 32566



02192005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0395386	Applied For Not Applicable
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5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LUCAS, DENNIS  
 8189 VERANO ST  
 NAVARRE, FL 32566

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE      PTD  
 NAME      LUCAS, DENNIS  
 STREET ADDRESS      % 8189 VERANO ST  
 CITY-ST-ZIP      NAVARRE, FL 32566

TITLE      VSD  
 NAME      LUCAS, PAMELA  
 STREET ADDRESS      % 8189 VERANO ST  
 CITY-ST-ZIP      NAVARRE, FL 32566

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

H00000266719  
 03/17/05-80038-021 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dennis Lucas  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850  
03-14-05 240-3859  
 Date      Designation/Office #