


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90228 026 ***158.75

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DOCUMENT # P03000143166			
1. Entity Name LUCAS CONSTRUCTION, INC.			
Principal Place of Business 5116 ORCHARD DRIVE LEESBURG, FL 34748		Mailing Address POST OFFICE BOX 547 OKAHUMPKA, FL 34762	
2. Principal Place of Business 14430 Hunters Trace Ln Suite, Apt. #, etc.		3. Mailing Address PO. Box 547 Suite, Apt. #, etc.	
City & State Clermont FL		City & State OKAHUMPKA FL	
4. FEI Number 72-1576448		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LUCAS, SCOTT A 5116 ORCHARD DRIVE LEESBURG, FL 34748		7. Name and Address of New Registered Agent	
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: <i>Jacqueline Lucas</i> v.p. <i>Jacqueline Lucas</i> 4/28/05 Date	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCAS, SCOTT A 5116 ORCHARD DR. LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUCAS, JACQUELENE 5116 ORCHARD DR. LEESBURG, FL 34748 <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 exemptions contained in Chapter 119, 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: <i>Scott A Lucas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/28/06 - 1-352-469- Daytime Phone #: 2283	