

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90549 022 ***150.00

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04112005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000156151 1. Entity Name LUCAS TRUCK PARTS, INC.					
Principal Place of Business 500 S WICKHAM ROAD W MELBOURNE, FL 32904			Mailing Address 500 S WICKHAM ROAD W MELBOURNE, FL 32904		
2. Principal Place of Business		3. Mailing Address 313 Amberjack Pl.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Helbourne Beach		4. FEI Number 20-0546631	
Zip - - - Country		Zip - - - Country 32951 USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
LUCAS, MARLEN 500 S WICKHAM ROAD W MELBOURNE, FL 32904				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
FL				FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P LUCAS, MARLEN 2335 ANDREA CT. MELBOURNE, FL 32934		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Marlen Lucas 313 Amberjack Pl. Helbourne Beach. FL 32951	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: Marlen Lucas			4/17/05 (321)724-0052		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		