2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03139

1. Entity Name
LUCIER CHEMICAL INDUSTRIES, LTD., INCORPORATED

Principal Place of Business	Mailing Address
415 PABLO AVE N JACKSONVILLE BEACH, FL 32250 US	POST OFFICE BOX 49000 JACKSONVILLE BEACH, FL 32240-9000

04212005 No Chg-P CR2E034 (10/03)

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4. FEI Number
13-3158103
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, DENNIS
415 PABLO AVE NORTH
JACKSONVILLE BEACH, FL 32250

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

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	CD
NAME	MESSERLIE, DAVID
STREET ADDRESS	201 TWELVE OAKS
CITY-ST-ZIP	PONTE VEDRA, FL
TITLE	D
NAME	LUCIER, ROBERT
STREET ADDRESS	15 ONEIDA RD
CITY-ST-ZIP	ACTON, MA
TITLE	D
NAME	KOLODZIEJ, DEBORAH
STREET ADDRESS	19 FAIRVIEW DR
CITY-ST-ZIP	SOUTHBORO, MA
TITLE	D
NAME	EKSTROM, BRUCE
STREET ADDRESS	107 LINKS RD
CITY-ST-ZIP	MARTHASVILLE, MO
TITLE	D
NAME	LUCIER, NANCY J
STREET ADDRESS	109 CANNON CT W
CITY-ST-ZIP	PONTE VEDRA, FL
TITLE	D
NAME	MESSERLIE, CAROL
STREET ADDRESS	201 TWELVE OAKS
CITY-ST-ZIP	PONTE VEDRA, FL

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04/22/05-80073-020 150.00

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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: David P. Messerlie 4/21/05 (904) 241-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #