

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P03139

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



Principal Place of Business
**415 PABLO AVE N
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address
**POST OFFICE BOX 49000
JACKSONVILLE BEACH, FL 32240-9000**



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3158103	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

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	CALDABAUGH, K.C.
STREET ADDRESS	225 WATER ST
CITY-ST-ZIP	JACKSONVILLE, FL 32202
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

U00000902158
04/29/08-80098-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

David Messerlie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08
Date

(904) 241-1200
Daytime Phone #