


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90249 007 ***150.00

DOCUMENT # P04000087750	
1. Entity Name LUCAS STUCCO & LATHE, INC.	

Principal Place of Business 12042 PARKWOOD STREET HUDSON, FL 34669	Mailing Address 12042 PARKWOOD STREET HUDSON, FL 34669
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2. Principal Place of Business 7903 Lilac Drive Suite, Apt. #, etc.	3. Mailing Address 7903 Lilac Drive Suite, Apt. #, etc.
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City & State Port Richey FL	City & State Port Richey FL
Zip 34668	Country US.



05012006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent LUCAS, TAMARA L 12042 PARKWOOD STREET HUDSON, FL 34669	
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7. Name and Address of New Registered Agent Name Randy B Lucas Jr. Street Address (P.O. Box Number is Not Acceptable) 7903 Lilac Drive City Port Richey FL Zip Code 34668	
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>Randy B Lucas Jr.</i> Randy B. Lucas Jr. 4/30/06 <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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCAS, RANDY B JR. 12042 PARKWOOD STREET HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lucas, Randy B Jr 7903 Lilac Drive Port Richey FL 34668 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUCAS, TAMARA L 12042 PARKWOOD STREET HUDSON, FL 34669 <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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>Randy B Lucas Jr.</i> Randy B. Lucas Jr. 4/30/06 727 277 2511 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	