2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 01, 2005 8:00 am Secretary of State

DOCUMENT # P04000133904 1. Entity Name BENNIE LUCAS ENTERPRISES, INC.							06-01-2005	90017 047 *	·**150	.00		
Principal Place of Business 9792 HALSEY RD JACKSONVILLE, FL 32246			9792 HALSE	Mailing Address 9792 HALSEY RD JACKSONVILLE, FL 32246								
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #. etc.		Suite, Apt. #, etc.			05272005	Chg-P	CR2E034 (10/03)				
City & State		City & State			4. FEI Number	01039	7/0	**********	olied For Applicable			
Zip Country		Zip		Country		<u> </u>	of Status Desired	Fee	75 Addi Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
LUCAS, BENNIE A 9792 HALSEY RD						Street Address	ddress (P.O. Box Number is Not Acceptable)					
JACKSON												
						City			FL	Zip Code		
	named entity tions of registe	submits this statemen ered agent.	it for the purpose of o	changing its re	egistere	ed office or registe	red agent, or both	n, in the State of Fig	orida, 1 am famil	liar with, a	and accept	
SIGNATURE		и printed name of registered ж	gent and tillo if applicable.	(NOTE)	flogisiered	d Agant signitiers tequire	d when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Trus: Fund Contribu							.00 May Be led to Fees	In accordance of corporation did				
10.	T	OFFICERS A					I					
TITLE NAME	D		ND DIRECTORS		11.		ADDITIONS/C	CHANGES TO OFF				
STREET ADDRESS CHY-S1-XIP	LUCAS, B 9792 HALS JACKSON	ENNIE A		Delete	TITLE NAM! STREI	+	ADDITIONS/C	CHANGES TO OFF		RECTORS Change	IN 11	
STREET ADDRESS	9792 HALS	ENNIE A SEY RD		Delete Delete	THILE NAME STREE CRIV- THILE NAME STREE	E ET ADDRESS -S1-2IP	ADDITIONS/O	CHANGES TO OFF				
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12. Thereby certify that the information supplied with this filling does not duality for the exemption stated in section 19.0/3/to, Florida Statutes. Fixturer certain 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 eath; 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.

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TURE: DIMINE OF PRINTED NAME OFFICER OF DIRECTOR

5-27-05 904-993-6163

Daytime Phone ★