

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000171156

1. Entity Name  
STEVE LUCROY SPREADING, INC.



Principal Place of Business  
24539 SE HWY 450  
UMATILLA, FL 32784

Mailing Address  
24539 SE HWY 450  
UMATILLA, FL 32784

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2149076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

WEISS, DAVID L  
14229 US HWY 19  
TAVARES, FL 32778

**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

*David L Weiss*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*7/17/08*

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LUCROY, CHARLES S
STREET ADDRESS	24539 SE HWY 450
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	S/T
NAME	LUCROY, KAREN R
STREET ADDRESS	24539 SE HWY 450
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000955783  
07/22/08-80006-006 150.00

**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

*Charles S Lucroy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/17/08 352-267-3152*

Date

Daytime Phone #