


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90138 014 ***150.00

DOCUMENT # P05000035455 1. Entity Name THE LUCAS LAW FIRM, P.A.			
Principal Place of Business 17825 MURDOCK CIRCLE SUITE B PORT CHARLOTTE, FL 33948		Mailing Address 1501 BEACH ROAD UNIT 409 ENGLEWOOD, FL 34223	
2. Principal Place of Business 17825 murdock Circle Suite, Apt. #, etc. Suite B		3. Mailing Address 17825 Murdock Circle Suite, Apt. #, etc. Suite B	
City & State Port Charlotte		City & State Port Charlotte, FL	
Zip FL	Country 33948	Zip 33948	Country U.S.A.
6. Name and Address of Current Registered Agent LUCAS, JASON M 1501 BEACH ROAD UNIT 409 ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name Jason M. Lucas Street Address (P.O. Box Number is Not Acceptable) 17825 Murdock Circle, Suite B City Port Charlotte FL Zip Code 33948	
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 <u>Jason M. Lucas</u> 3/15/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME LUCAS, JASON M STREET ADDRESS 1501 BEACH ROAD, UNIT 409 CITY-ST-ZIP ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	TITLE *Please change all addresses as follows: NAME 17825 murdock Circle, Suite B STREET ADDRESS Port Charlotte, FL 33948 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME LUCAS, JASON M STREET ADDRESS 1501 BEACH ROAD, UNIT 409 CITY-ST-ZIP ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	TITLE NAME 17825 Murdock Circle, Suite B STREET ADDRESS Port Charlotte, FL 33948 CITY-ST-ZIP	<input checked="" 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: <u>Jason M. Lucas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/15/06 (941)206-2120 <small>Date Daytime Phone #</small>	

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03072006 Chg-P CR2E034 (11/05)

4. FEI Number **47-051697** Applied For ☐ Not Applicable ☐

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