2: 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000035455

THE LUCAS LAW FIRM, P.A.



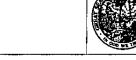
FILED Apr 12, 2007 08:00 All Secretary of State

Principal Place of Business

17825 MURDOCK CIRCLE

SUITE B

PORT CHARLOTTE, FL 33948



Mailing Address

17825 MURDOCK CIRCLE

SUITE B

DO NOT WRITE IN THIS SPACE

PORT CHARLOTTE, FL 33948



02102007

No Chg-P

CR2E034 (11/05)

4. FEI Number 47-0951697 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCAS, JASON M 17825 MURDOCK CIR SUITE B

PORT CHARLOTTE, FL 33948

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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 NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000702015 04/20/07-80032-005

OFFICERS AND DIRECTORS 10. TITLE LUCAS, JASON M NAME 17825 MURDOCK CIR SUITE B STREET ADDRESS PORT CHARLOTTE, FL 33948 CITY-ST-ZIP TITLE NAME LUCAS, JASON M STREET ADDRESS 17825 MURDOCK CIR SUITE B CITY+ST-ZIP PORT CHARLOTTE, FL 33948 VΡ TITLE LUCAS, JASON M NAME STREET ADORESS 17825 MURDOCK CIR SUITE B CITY-ST-ZIP PORT CHARLOTTE, FL 33948 TITLE LUCAS, JASON M NAME STREET ADDRESS 17825 MURDOCK CIR SUITE B CITY-ST-ZIP PORT CHARLOTTE, FL 33948 NAME LUCAS, JASON M STREET ADDRESS 17825 MURDOCK CIR SUITE B CITY-ST-ZIP PORT CHARLOTTE, FL 33948 TITLE NAME STREET ADDRÉSS CITY-ST-ZIP

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:

E AND TYPED OR PRINTED NAME OF SIGNI

(941) 206-2120

Davlime Phone #