## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P06000038340

1. Entity Name



**FILED** Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90201 013 \*\*\*150.00

LUCAS ERLBECK ELECTRIC INCORPORATED									
Principal Place of Business 301 SW DEGOUVEA TERR PORT ST LUCIA, FL 34984		Mailing Address 301 SW DEGOUVEA TERR PORT ST LUCIA, FL 34984		4 (55) (65)		8181 1811 1818 <b>2</b> . IC	9 HIII 819N 881	1 <b>20</b> 1 ft 1 <b>83</b> 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt, #, etc.		04162007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Number スマーろ	92266	8		plied For t Applicable	
Zip	Country	Zip	Country		of Status Desired	- \$	8.75 Add ee Required		
	6. Name and Address of Current	t Registered Agent		7. Name and	Address of New R	legistered A	gent		
			Name	Name					
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL			:						
			City			FL	Zip Code		
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. It 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									
		1							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11	
TITLE .	PTD	☐ Delete	TITLE				Change	☐ Addition	
NAME	ERLBECK, LUCAS D		NAME						
STREET ADDRESS	301 SW DEGOUVEA TERR		STREET ADDRESS						
CLTY-ST-ZIP	PORT ST LUCIA, FL 34984		CITY-ST-ZIP						
TOLE	SD	Delete	TITLE			İ	Change	☐ Addition	
NAME	ERLBECK, DIANNE		NAME						
STREET ADDRESS CITY-ST-ZIP	301 SW DEGOUVEA TERR PORT ST LUCIA, FL 34984		STREET ADDRESS CITY-ST-ZIP						
	FOR 31 EUCIA, FE 34804	☐ Delete					☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME			1	( ) Clarige	AGGILIGII	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	<b></b>		CITY-ST-ZIP					ł	
TITLE		☐ Delete	TILE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
								CT Addition	
TITLE NAME 2		☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CHY-SI-ZIP						
TITLE		☐ Defete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS					}	
CITY-ST-ZIP			CITY-ST-ZIP	<del> </del>					
indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee emi , or on an attachment with an address	is true and accurate and that powered to execute this repor	my signature shall have t as required by Chapter	the same legal effect	t as if made under	oath; that I ar	n an officer	or director	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER

4-16-07

772-342 6694