2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2007 8:00 am Secretary of State 05-16-2007 90025 050 ***150.00

DOCUMENT # P06000049393 1. Enlity Name LUCAS MANAGEMENT, INC.						05-16-2007	90025 050 ***15	0.00
Principal Place 455 3RD LAN VERO BEACH	VE SW	Mailing Address 455 3RD LANE SW VERO BEACH, FL 32962					11 111 11 IR 1 111 11	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numb	461241	,, 	oplied For ot Applicable
Zip	Country	Zip 	Count	ry	<u> </u>	of Status Desired	See Require	
•	6. Name and Address of Current			7. Name and	Address of New R	egistered Agent		
BIRAN C HERNDON PA 795 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 32962				Street Address (P.O. Box Number is Not Acceptable) 84/8 \$ US Highway City (S.A. C. Herndon PA Street Address (P.O. Box Number is Not Acceptable)				
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, Indeed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					i.00 May Be ded to Fees			
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUCAS, PAUL 455 3RD LANE SW VERO BEACH, FL 32962	☐ Delete		1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E ADDRESS -S1-ZIP			☐ Change	☐ Addition
12. Thereby certify that the information supplied with this filing goes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report for 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 of 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 propriete provided the provided that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all provided the provided that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address.								