

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087874

FILED
Apr 21, 2008
Secretary of State

Entity Name: R. P. LUCAS MANAGEMENT COMPANY.

Current Principal Place of Business:

3670 SPINNAKER CT
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3670 SPINNAKER CT
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 20-5136897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINS, ROBERT J
1515 INTERNATIONAL PKWY STE 2001
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

HUTCHINS, ROBERT J
407 WEKIVA SPRINGS ROAD, SUITE 249
LONGWOOD, FL 32779 US

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.

SIGNATURE:

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUCAS, RICKEY P
Address: 3670 SPINNAKER CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: LUCAS, DEBRA T
Address: 3670 SPINNAKER CT
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICKEY P. LUCAS

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date