


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90090 027 \*\*\*158.75

<b>DOCUMENT # P06000122422</b>	
<b>1. Entity Name</b> LUCIA - SCHUCH REALTORS, P.A.	

<b>Principal Place of Business</b> 2700 70TH STREET SW NAPLES, FL 34105 US	<b>Mailing Address</b> 2700 70TH STREET SW NAPLES, FL 34105 US
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4 -



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<b>6. Name and Address of Current Registered Agent</b>	
SCHUCH, MATTHEW F II 2700 70TH STREET SW NAPLES, FL 34105	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

**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 NOW!!! 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**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete
<b>NAME</b>	SCHUCH, MATTHEW F II
<b>STREET ADDRESS</b>	2700 70TH STREET SW
<b>CITY-ST-ZIP</b>	NAPLES, FL 34105
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete
<b>NAME</b>	LUCIA, GINA M
<b>STREET ADDRESS</b>	2700 70TH STREET SW
<b>CITY-ST-ZIP</b>	NAPLES, FL 34105
<b>TITLE</b>	<b>SEC</b> <input type="checkbox"/> Delete
<b>NAME</b>	LUCIA, GINA M
<b>STREET ADDRESS</b>	2700 70TH STREET SW
<b>CITY-ST-ZIP</b>	NAPLES, FL 34105
<b>TITLE</b>	<b>TREA</b> <input type="checkbox"/> Delete
<b>NAME</b>	SCHUCH, MATTHEW F II
<b>STREET ADDRESS</b>	2700 70TH STREET SW
<b>CITY-ST-ZIP</b>	NAPLES, FL 34105
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MATTHEW F. SCHUCH 3/22/07 (239) 619 1502