## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P06000122422

1. Entity Name

LUCÍA - SCHUCH REALTORS, P.A.



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

2700 70TH STREET SW NAPLES, FL 34105 US Mailing Address

2700 70TH STREET SW NAPLES, FL 34105 US



## DO NOT WRITE IN THIS SPACE

01062008 No Chg-P

CR2E034 (11/05)

4. FEI Number 51-0605666

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SCHUCH, MATTHEW F II 2700 70TH STREET SW NAPLES, FL 34105

## DO NOT WRITE IN THIS SPACE

		ourpose of changing its registered office o	r registered agent, or both, in	the State of Florida, I am familiar with, and accep	pt
SIGNATURE.	tions of registered agent.  Signature, typed or printed name of regularised agent and tale.	if applicable. (NOTE Regettered Agent signal	ture réquired when (enletting)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	000000783736 01/16/08-80027-001	1 <b>58.</b> 75
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUCH, MATTHEW FIL 2700 70TH STREET SW NAPLES, FL 34105	•			
TITLE NAME: STREET ADDRESS CTY+ST-ZIP	VP LUCIA, GINA M 2700 70TH STREET SW NAPLES, FL 34105				

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STREET ADDRESS CITY-ST-ZIP	2700 70TH STREET SW NAPLES, FL 34105
TITLE AMME STREET ADDRESS CITY-ST-ZIP	VP LUCIA, GINA M 2700 70TH STREET SW NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LUCIA, GINA M 2700 70TH STREET SW NAPLES, FL 34105
TITLE AMME STREET ADDRESS CITY-ST-ZP	TREA SCHUCH. MATTHEWF II 2700 70TH STREET SW NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby o	ertify that the information supplied with this filling does not qualify for the eyon this report of symplemental report is true and experted and that or the

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

NAME OF BIGNING-OFFICER OR DIRECTOR

239 289 0216