

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151196

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: LUCKS BUSINESS ENTERPRISE INC

**Current Principal Place of Business:**

4950 W MOCKINGBIRD ST  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

4950 W MOCKINGBIRD ST  
HOMOSASSA, FL 34446

**New Mailing Address:**

FEI Number: 20-8005872      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONTRACTORS REPORTING SERVICE INC  
2001 W BUSCH BLVD  
SUITE A  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOBBS, MINDY  
Address: 4950 W MOCKINGBIRD ST  
City-St-Zip: HOMOSASSA, FL 34446

Title: VP ( ) Delete  
Name: LUCKS, ERIK  
Address: 4950 W MOCKINGBIRD ST  
City-St-Zip: HOMOSASSA, FL 34446

Title: S ( ) Delete  
Name: ENZONE, KRISTIN D  
Address: 4950 W MOCKINGBIRD ST  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: ERIK LUCKS

P

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date