

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000151196

**FILED**  
**Nov 13, 2008**  
**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:**

CONTRACTORS REPORTING SERVICE INC  
13795 N NEBRASKA AVE  
TAMPA, FL 33613 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: ROMAN ALBANO

11/13/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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: MINDY HOBBS

P

11/13/2008

Electronic Signature of Signing Officer or Director

Date