

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023886

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** LUCKY BREAK ENTERPRISES INC.

**Current Principal Place of Business:**

SMITH LAKE BAR  
KEYSTONE HEIGHTS, FL 32656 US

**New Principal Place of Business:**

SMITH LAKE BAR  
5030 CR. 214  
KEYSTONE HEIGHTS, FL 32656 US

**Current Mailing Address:**

5030 CR 214  
KEYSTONE HEIGHTS, FL 32656 US

**New Mailing Address:**

SMITH LAKE BAR  
5030 CR. 214  
KEYSTONE HEIGHTS, FL 32656 US

**FEI Number:** 20-8491764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWELL, PAUL D ESQ.  
206A LAWRENCE BOULEVARD - SUITE 201  
KEYSTONE HEIGHTS, FL 32656 US

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

RUSSELL, BONNIE J  
5030 CR. 214  
KEYSTONE HEIGHTS, FL 32656 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:** BONNIE J RUSSELL

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RUSSELL, JOSHUA JR.  
**Address:** 1365 S. LAWRENCE BLVD.  
**City-St-Zip:** KEYSTONE HEIGHTS, FL 32656 US

**Title:** VPST  
**Name:** GANDY, BONNIE J  
**Address:** 1365 S. LAWRENCE BLVD.  
**City-St-Zip:** KEYSTONE HEIGHTS, FL 32656 US

I hereby 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 all other like empowered.

**SIGNATURE:** BONNIE J RUSSELL

VSPT

04/19/2011

Electronic Signature of Signing Officer or Director

Date