

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094959

Entity Name: LUCARELLI GROUP, INC.

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

5640 TAYLOR RD.  
E5  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

5640 TAYLOR RD.  
E5  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 26-0774165      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAGAIN FINANCIAL INC.  
27299 RIVERVIEW CENTER BLVD.  
102  
BONITA SPRINGS, FL 34134 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: LUCARELLI, ANGELO  
Address: 400 EUCLID AVE  
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete  
Name: LUCARELLI, CESARE  
Address: 614 CORBEL DR  
City-St-Zip: NAPLES, FL 34101

Title: T ( ) Delete  
Name: LUCARELLI, DOMINICK  
Address: 1325 MARIPOSA CIR APT 103  
City-St-Zip: NAPLES, FL 34105

Title: V ( ) Delete  
Name: LUCARELLI, GIACOMO  
Address: 2209 NOBLE CT  
City-St-Zip: NAPLES, FL 34110

**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:

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: CHRISTOPHER RAGAIN

RA

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date