

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90082 003 \*\*\*150.00

**DOCUMENT # P07000111745**

1. Entity Name  
**LUCKY NUNES AGENCY, INC.**



Principal Place of Business Mailing Address  
2-A PARK CIRCLE SE 2-A PARK CIRCLE SE  
FT. WALTON BEACH, FL 32548 US FT. WALTON BEACH, FL 32548 US

40073067



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**13 Memorial Parkway SW** **SAME AS #2**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#101-S**

04172008 Chg-P CR2E034 (12/06)

City & State City & State 4. FEI Number Applied For  
**FT. WALTON BEACH, FL** **26-1434496** Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
**32548 USA**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

NUNES, TONYA L  
2-A PARK CIRCLE SE  
FT. WALTON BEACH, FL 32548

Name **TONYA L. NUNES**  
Street Address P.O. Box Number (Not Acceptable)  
**13 Memorial Parkway SW, #101-S**  
**FT. WALTON BEACH, FL** Zip Code **32548**

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**TONYA L. NUNES/President 4/17/08**

**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

## 10. OFFICERS AND DIRECTORS

TITLE P-D ☐ Delete  
NAME NUNES, TONYA L  
STREET ADDRESS 2-A PARK CIRCLE SE  
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

TITLE VP-D ☒ Delete  
NAME NUNES, N.J. LUCKY  
STREET ADDRESS 625 CINCO TERRACE LANE  
CITY-ST-ZIP FT. WALTON BEACH, FL 32547

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **NUNES, TONYA L.**  
STREET ADDRESS **13 Memorial Parkway SW, #101-S**  
CITY-ST-ZIP **FT. WALTON BEACH, FL 32548**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TONYA L. NUNES 4/17/08 (850) 243-0232**

Date

Daytime Phone #