

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049085

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** GRANITE AND CABINETRY BY LUCAS, INC.

**Current Principal Place of Business:**

3333 S. US HWY 1  
FORT PIERCE, FL 349826605

**New Principal Place of Business:**

**Current Mailing Address:**

3333 S. US HWY 1  
FORT PIERCE, FL 349826605

**New Mailing Address:**

**FEI Number:** 65-0424654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUCAS, HERBERT F  
148 NE NARANJA AVE  
PORT SAINT LUCIE, FL 349838446 US

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

LUCAS, HERBERT F  
491 NATALIE DR  
PORT SAINT LUCIE, FL 349527902 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:**

04/25/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LUCAS, HERBERT  
Address: 148 NE NARANJA AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VPD ( ) Delete  
Name: LUCAS, MARIANNE  
Address: 148 NE NARANJA AVENUE  
City-St-Zip: PT. ST. LUCIE, FL 34983

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

Title: PD (X) Change ( ) Addition  
Name: LUCAS, HERBERT F  
Address: 491 NATALIE DR  
City-St-Zip: PORT ST. LUCIE, FL 349527902 US

Title: VPD (X) Change ( ) Addition  
Name: LUCAS, MARIANNE  
Address: 491 NATALIE DR  
City-St-Zip: PORT ST. LUCIE, FL 349527902 US

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:** HERBERT F. LUCAS

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date