## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P94000024812 1. Entity Name 04-21-2004 90061 039 \*\*\*150.00 LUCY HOMES, INC. Principal Place of Business Mailing Address 1415 COLONAIL BLVD. P.O. BOX 2846 NORTH FT. MYERS FL 33907 FT. MYERS FL 33902 2. Principal Place of Business /3/80 N. G 3. Mailing Address N. Cleve land Hv Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Sarte City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thompson THOMPSON, RICHARD 1415 COLONIAL BLVD. 130 FT. MYERS FL 33907 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 V. Pres Richard Thompson-FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE Change ☐ Addition NESTER, SUZANNE M NAME NAME P.O. BOX 2846 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33902 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME THOMPSON, RICHARD H NAME STREET ADDRESS P.O. BOX 2846 N/A STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33902 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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