


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000024812</b>					
<b>1. Entity Name</b> LUCY HOMES, INC.					
<b>Principal Place of Business</b> 13180 N. CLEVELAND AVE SUITE 130 NORTH FORT MYERS FL 33903 US			<b>Mailing Address</b> P.O. BOX 2846 FT. MYERS FL 33902		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> NO-T APPLICABLE	
<b>6. Name and Address of Current Registered Agent</b> THOMPSON, RICHARD 13180 N. CLEVELAND AVE SUITE 130 NORTH FORT MYERS FL 33903				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May F</b> Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DP	<b>NAME</b> NESTER, SUZANNE M		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> P.O. BOX 2846 N/A	<b>CITY- ST- ZIP</b> FT. MYERS FL 33902		<input type="checkbox"/> Change <input type="checkbox"/> Add		
<b>TITLE</b> DVPS	<b>NAME</b> THOMPSON, RICHARD H		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> P.O. BOX 2846 N/A	<b>CITY- ST- ZIP</b> FT. MYERS FL 33902		<input type="checkbox"/> Change <input type="checkbox"/> Add		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> _____	<b>CITY- ST- ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Add		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> _____	<b>CITY- ST- ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Add		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> _____	<b>CITY- ST- ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Add		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> _____	<b>CITY- ST- ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Add		

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

**SIGNATURE:** *Richard Thompson V. Pres.* *8/20/06* *239-337-3455*