


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000069578</b>	
1. Entity Name <b>LUCKY LADIES, INC.</b>	

Principal Place of Business <b>1802 DOYLE RD DELTONA, FL 32738 US</b>	Mailing Address <b>1802 DOYLE RD DELTONA, FL 32738 US</b>
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**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3363302</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FARNSWORTH, BARBARA A  
1026 E GAUCHO DR  
DELTONA, FL 32725**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>DAVIS, CAROLYN S 1026 EAST GAUCHO CIRCLE DELTONA, FL 32725</b>
TITLE <b>VP</b>	<b>OLIVER, W. JEAN 190 APPLE DRIVE GREENCASTLE, PA 17225</b>
TITLE <b>VP</b>	<b>WISDOM, RACHAEL 16 OAKLAND AVENUE CENTRAL ISLIP, NY 11722</b>
TITLE <b>ST</b>	<b>FARNSWORTH, BARBARA 1026 E GAUCHO DR DELTONA, FL 32725</b>
TITLE <b></b>	<b></b>
TITLE <b></b>	<b></b>

**DO NOT WRITE  
IN THIS SPACE**

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03/25/05-80020-006 150.00

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Barbara Farnsworth* *3/25/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #