

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000018842

Entity Name: LUCILLE, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

1910 1/2 EAST 7TH AVENUE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 76895
TAMPA, FL 33675

New Mailing Address:

FEI Number: 59-3366781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, LINDA
1910 E. 7TH AV.
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

WILCOX, LINDA
801 E. PALM AVE.
TAMPA, FL 33602 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: LINDA WILCOX

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILCOX, LINDA
Address: 801 E. PALM AVE.
City-St-Zip: TAMPA, FL 33602

Title: VP () Delete
Name: WILCOX, APRYL L
Address: 801 E PALM AV.
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LINDA WILCOX

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date