

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000100690

Entity Name: CATHY L. LUCREZI, P.A.

FILED  
Jan 27, 2004  
Secretary of State

**Current Principal Place of Business:**

1661 ESTERO BLVD., STE. 20  
P.O. BOX 2514  
FORT MYERS BEACH, FL 33932

**New Principal Place of Business:**

**Current Mailing Address:**

1661 ESTERO BLVD., STE. 20  
P.O. BOX 2514  
FORT MYERS BEACH, FL 33932

**New Mailing Address:**

FEI Number: 65-0722412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LUCREZI, CATHY L  
4243 ELLEN AVE.  
FORT MYERS, FL      US

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

LUCREZI, CATHY L  
4243 ELLEN AVE.  
FORT MYERS, FL 33901      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: CLC      01/27/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:      D      ( ) Delete  
Name:      LUCREZI, CATHY L  
Address:      1500 COLONIAL BLVD., STE 214  
City-St-Zip:      FORT MYERS, FL 33907

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

Title:      D      (X) Change ( ) Addition  
Name:      LUCREZI, CATHY L  
Address:      1661 ESTERO BLVD  
City-St-Zip:      FORT MYERS BEACH, FL 33931

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLC      D      01/27/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date