

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90071 024 ***150.00

DOCUMENT # P97000094192 1. Entity Name SAM LUCAS CORP.			
Principal Place of Business 6927 RIVERSEDE ST CIR RIVERCLUB BRADENTON, FL 34202 US		Mailing Address 1858 RINGLING BLVD SARASOTA, FL 34236 US	
2. Principal Place of Business 2823 Dick Wilson Dr		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State	
Zip 34240		Country USA	
Zip		Country	
4. FEI Number 65-0794288		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCAS, SAM 6927 RIVERSEDE ST CIR RIVERCLUB BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2823 Dick Wilson Drive City Sarasota FL Zip Code 34240	
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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTVS	NAME LUCAS, SAM	TITLE ☐ Change ☐ Addition	NAME 2823 Dick Wilson Drive
STREET ADDRESS 6927 RIVERSEDE ST CIR	CITY-ST-ZIP BRADENTON, FL 34202	STREET ADDRESS Sarasota, FL 34240	CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 in 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 the information.			
SIGNATURE:		27 Jan 2004 941 378 9401	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	