

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90170 015 \*\*\*150.00

DOCUMENT # P98000006593

1. Entity Name  
LUCIE HOTEL CORP.



Principal Place of Business  
1100 LINTON BOULEVARD  
SUITE C-9  
DELRAY BEACH, FL 33444

Mailing Address  
1100 LINTON BOULEVARD  
SUITE C-9  
DELRAY BEACH, FL 33444

2. Principal Place of Business

1001 East Atlantic Ave

3. Mailing Address

1000 Market Street

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 300

City & State

Delray Beach, FL

City & State

Portsmouth

Zip

33483

Country

US

Zip

0287

Country

US



01102005

Chg-P

CR2E034 (10/03)

4. FEI Number  
65-0806409

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H  
1100 LINTON BOULEVARD  
SUITE C-9  
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WALSH, MARK ☐ Delete  
STREET ADDRESS 1100 LINTON BLVD., STE. C-9  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE VPD  
NAME WALSH, MICHAEL ☐ Delete  
STREET ADDRESS 1100 LINTON BLVD., STE. C-9  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE EVP  
NAME ADE, RICHARD C ☐ Delete  
STREET ADDRESS 1000 MARKET STREET, BLDG. 1  
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE S  
NAME CULTCHFIELD, RICHARD H ☐ Delete  
STREET ADDRESS 1100 LINTON BLVD., STE. C-9  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1001 E. Atlantic Ave Suite 202  
CITY-ST-ZIP Delray Beach, FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1001 E. Atlantic Ave, Suite 202  
CITY-ST-ZIP Delray Beach, FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1001 E. Atlantic Ave, Suite 201  
CITY-ST-ZIP Delray Beach, FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Ade

11/10/05

(803) 559-2100

Date

Daytime Phone #