2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000006593

1. Entity Name
LUCIE HOTEL CORP.

Principal Place of Business	Mailing Address
1001 EAST ATLANTIC AVE SUITE 202 DELRAY BEACH, FL 33483	1000 MARKET STREET SUITE 300 PORTSMOUTH, FL 33444

01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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
STREET ADDRESS	1001 E ATLANTIC AVE, SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VPD
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E ATLANTIC AVE, SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	EVP
NAME	ADE, RICHARD C
STREET ADDRESS	1000 MARKET STREET, BLDG. 1
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	S
NAME	CULTCHFIELD, RICHARD H
STREET ADDRESS	1001 E ATLANTIC AVE, SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/06-80071-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Richard C. Ade, EVP 1/24/06 (603)559-200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #