

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000006593

1. Entity Name
LUCIE HOTEL CORP.



Principal Place of Business
**1001 EAST ATLANTIC AVE
SUITE 202
DELRAY BEACH, FL 33483**

Mailing Address
**1000 MARKET STREET
SUITE 300
PORTSMOUTH, FL 33444**

DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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)

U000000678371

03/30/07-80056-011 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
WALSH, MARK
1001 E ATLANTIC AVE, SUITE 202
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VPD
WALSH, MICHAEL
1001 E ATLANTIC AVE, SUITE 202
DELRAY BEACH, FL 33483**

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
CULTCHFIELD, RICHARD H
1001 E ATLANTIC AVE, SUITE 202
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

Date

(561) 279-9900

Daytime Phone #

Michael Walsh, VP