

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90020 007 ***150.00

DOCUMENT # P98000047223

1. Entity Name

LUCKY, INC. OF DELRAY BEACH



Principal Place of Business

617 SW AVE. E
BELLE GLADE FL 33430

Mailing Address

617 SW AVE. E
BELLE GLADE FL 33430



2. Principal Place of Business - No P.O. Box #

617 SW AVE. E, OR

Suite, Apt. #, etc.

Martin Luther King Blvd

City & State

Bellevue, FL

Zip

FL 33430

Country

West Palm beach

3. Mailing Address

P.O. BOX - 301

Suite, Apt. #, etc.

City & State

Bellevue, FL

Zip

FL 33430

Country

W.P.B

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0845681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEFFERNAN, RICHARD L CPA
2911 E MAIN ST
PAHOKEE FL 33411

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

SHELLEY BIZJAK

SHELLEY BIZJAK

3/31/2008

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BIZJAK, SHELLEY
STREET ADDRESS 617 SW AVE. E
CITY- ST- ZIP BELLE GLADE FL 33430 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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NAME
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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SHELLEY BIZJAK

SHELLEY BIZJAK

3/31/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #