2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2005 08:00 AM DOCUMENT # P98000085825 **Secretary of State** 1. Entity Name LURAWORKS, INC. Principal Place of Business Mailing Address PO BOX 14133 PO BOX 14133 CLEARWATER FL 33766-4133 CLEARWATER FL 33766-4133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3539362 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LYKES, CHARLES E JR. Street Address (P.O. Box Number is Not Acceptable) 501 SOUTH FORT HARRISON AVE, STE 101 CLEARWATER FL 33756 Zip Code City 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 rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PS Delete TITE ☐ Change Addition U00000248866 NAME ANGELIS DOWNEY, LURA NAME 03/02/05-80027-014 150.00 STREET ADDRESS STREET ADDRESS PO BOX 14133 N/A CVTY-ST-7IP CLEARWATER FL 33766-4133 CITY-ST-ZIP Addition ☐ Change TITLE Delete TITES NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IF TiTLE ☐ Defete mne Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 🗀 Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP 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

with all other like empowered.

changed, or on an aftach

SIGNATURE

FILED