

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000097561			
1. Entity Name JEFF LUCAS, P.A.			
Principal Place of Business 7136 LITTLE ROAD NEW PORT RICHEY, FL 34654	Mailing Address 7136 LITTLE ROAD NEW PORT RICHEY, FL 34654		
DO NOT WRITE IN THIS SPACE			
			 01122004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3545825	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCAS, JEFF 7136 LITTLE ROAD NEW PORT RICHEY, FL 34654		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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000006432 01/16/04-80035-023 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUCAS, JEFFREY 7136 LITTLE ROAD NEW PORT RICHEY, FL 34654		
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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: <u>Jeff Lucas</u> JEFF LUCAS		1/12/04 (727) 849-5353	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	