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Sep 04, 2008 8:00 am
Secretary of State
09-04-2008 90045 015 ***550.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000003797

1. Entity Name
SANTA LUCIA & THOMAS, P.A.

Principal Place of Business	Mailing Address
622 SAXONY BLVD ST. PETERSBURG, FL 33716 US	P.O.BOX 4607 CLEARWATER, FL 33758 US

07222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11 Baymont St #1106	11 Baymont St #1106
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33767 Country: USA	Zip: 33767 Country: USA

4. FEI Number: 59-3549639 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTA LUCIA, ROBERT
622 SAXONY BLVD
ST. PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name: Robert Santa Lucia
Street Address (P.O. Box Number is Not Acceptable): 11 Baymont St #1106
City: Clearwater FL Zip Code 33767

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: Robert Santa Lucia, R.A. 8-6-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANTA LUCIA, ROBERT A 622 SAXONY BLVD ST. PETERSBURG, FL 33716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Robert A Santa Lucia 11 Baymont St #1106 Clearwater FL 33767	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST THOMAS, D K P.O. BOX 4607 CLEARWATER, FL 33758	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert Santa Lucia, Pres. 8-6-08 (813) 286-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #