


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90024 005 \*\*\*150.00

**DOCUMENT # J61707**

1. Entity Name  
**LUKE BROTHERS, INC.**



Principal Place of Business  
**5532 AULD LANE**  
**HOLIDAY, FL 34690 US**


Mailing Address  
~~P.O. BOX 907~~  
~~NEW PORT RICHEY, FL 34656-0967 US~~

**40003491**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**2950 N. 28<sup>TH</sup> TERRACE**  
 Suite, Apt. #, etc.  
**HOLLYWOOD, FL**  
 City & State  
 Zip  
**33020**

Country  
**USA**



01122005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2794794**

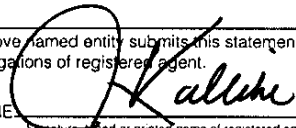
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LUCADANO, DAVID J**  
**5532 AULD LANE**  
**HOLIDAY, FL 34690**

7. Name and Address of New Registered Agent  
 Name  
**ANTHONY KALLICHE, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**C/O The Continental Group, Inc.**  
**2950 N. 28 TERRACE**  
 City  
**HOLLYWOOD, FL** Zip Code  
**33020**

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:  **Kalliche**

DATE: **1/12/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00 - After May 1, 2005 Fee will be \$550.00**

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	S/T LUCADANO, ERNEST P 6415 CORONET DR NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D LUCADANO, DAVID J 4631 ROWE DR NEW PT. RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LUCADANO, PETER 9246 NIA SEGOVIA NEW PT. RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D RICHARD STRUNIN 2950 N. 28 TERRACE HOLLYWOOD, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S, T, D. STEVEN J. CHRISTENSEN 2950 N. 28 TERRACE HOLLYWOOD, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **1/12/05** Daytime Phone #: **(954) 925-8200**