

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000083353	
1. Entity Name LUSE PROPERTIES, INC.	



Principal Place of Business 15474 MARGO CIRCLE PORT CHARLOTTE, FL 33981	Mailing Address 15474 MARGO CIRCLE PORT CHARLOTTE, FL 33981
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03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2024787	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIEGEL, GLENN N ESQ. 18501 MURDOCK CIRCLE SUITE 304 PORT CHARLOTTE, FL 33948
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**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUSE, WESLEY 15474 MARGO CIRCLE PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUSE, KATHLEEN 15474 MARGO CIRCLE PORT CHARLOTTE, FL 33981
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03/18/06-80053-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption under 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature is in 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 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: Kathleen A. Luse _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____