

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
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



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2024787

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGEL, GLENN N ESQ.
18501 MURDOCK CIRCLE
SUITE 304
PORT CHARLOTTE, FL 33948

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000008335300
04/02/08-80079-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUSE, WESLEY
STREET ADDRESS	15474 MARGO CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	D
NAME	LUSE, KATHLEEN
STREET ADDRESS	15474 MARGO CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

**SIGN
HERE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 11, 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: _____ Daytime Phone #: _____