


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000076549	
1. Entity Name LUKE & ASSOCIATES, INC.	

Principal Place of Business 3401 N COURTENAY PKWY SUITE 101 MERRITT ISLAND, FL 32953	Mailing Address 3401 N COURTENAY PKWY SUITE 101 MERRITT ISLAND, FL 32953
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DO NOT WRITE IN THIS SPACE



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1117185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, RICHARD
 3401 N COURTENAY PKWY
 SUITE 101
 MERRITT ISLAND, FL 32953

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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 _____ DATE _____
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, 2008 Fee will be \$550.00

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

00000830203
 04/15/08-80051-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALL, RICHARD
STREET ADDRESS	3401 N COURTENAY PKWY SUITE 101
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	BARFIELD, JAMES
STREET ADDRESS	3401 N COURTENAY PKWY SUITE 101
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	BOTTOMLEY, GLEN
STREET ADDRESS	3401 N COURTENAY PKWY SUITE 101
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Glen Bottomley **4-2-08** **866-452-4601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #