


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S34958</b> 1. Entity Name <b>LUKE ANGEL GROVES, INC.</b>	
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Principal Place of Business <b>1010 E CITRUS AVE HAINES CITY, FL 33844</b>	Mailing Address <b>P.O. BOX 366 HAINES CITY, FL 33844</b>
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3053663</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**TUNNO, W.C. JR  
7 SPENCER SHORES  
HAINES CITY, FL 33844**

**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 reinstating) 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 GREGORY, WILLIAM JULIAN 815 ATKINSON DR DALTON, GA 30720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YIRAK, JANE GREGORY 3332 SUNNY MEADOWS CT BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUNNO, MARTHA J 112 S. LINCOLN TAMPA, FL 336093045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUNNO, BRUCE WYCKLIFFE 7 SPENCER SHORES HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUNNO, W C JR 7 SPENCER SHORES HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000458374  
03/18/06-80031-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *W.C. Tunno Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-306  
Date

Daytime Phone #