

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # S34958

1. Entity Name
LUKE ANGEL GROVES, INC.



Principal Place of Business
**1010 E CITRUS AVE
HAINES CITY, FL 33844**

Mailing Address
**P.O. BOX 366
HAINES CITY, FL 33844**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3053663

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TUNNO, W.C. JR
300 SPENCE 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREGORY, WILLIAM JULIAN
STREET ADDRESS	815 ATKINSON DR
CITY- ST- ZIP	DALTON, GA 30720
TITLE	D
NAME	YIRAK, JANE GREGORY
STREET ADDRESS	3332 SUNNY MEADOWS CT
CITY- ST- ZIP	BIRMINGHAM, AL 35243
TITLE	D
NAME	TUNNO, MARTHA J
STREET ADDRESS	112 S. LINCOLN
CITY- ST- ZIP	TAMPA, FL 336093045
TITLE	D
NAME	TUNNO, BRUCE WYCKLIFFE
STREET ADDRESS	300 SPENCER SHORE
CITY- ST- ZIP	HAINES CITY, FL 33844
TITLE	P
NAME	TUNNO, W C JR
STREET ADDRESS	300 SPENCER SHORES
CITY- ST- ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/02/08-80032-019 150.00

**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 3-14-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #