## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 469703

Entity Name: LUKE'S LANDSCAPING, INC.

## Current Principal Place of Business:

2950 N. 28TH TERRACE HOLLYWOOD, FL 33020

### **Current Mailing Address:**

2950 N. 28TH TERRACE HOLLYWOOD, FL 33020

# FEI Number: 59-1587233

## Name and Address of Current Registered Agent:

KALLICHE, ANTHONY ESQ C/O FIRSTSERVICE RESIDENTIAL FLORIDA, INC. 2950 N 28TH TERRACE HOLLYWOOD, FL 33020 US Certificate of Status Desired: No

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.

### SIGNATURE:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Officer/Director Detail :			
Title	D/S	Title	т
Name	KALLICHE, ANTHONY A	Name	PINEDA-GARCIA, LOURDES
Address	2950 N 28TH TERRACE	Address	5532 AULD LN
City-State-Zip:	HOLLYWOOD FL 33020	City-State-Zip:	HOLIDAY FL 34690
Title	D, P	Title	D
Name	DIESTEL, DAVID	Name	FALLON, CHARLES M
Address	2950 N 28TH TERRACE	Address	1855 GRIFFIN RD. SUITE A-330
City-State-Zip:	HOLLYWOOD FL 33020	City-State-Zip:	DANIA BEACH FL 33004
Title	D	Title	VP IRRIGATION DIV.
Title Name	D NATALE, MICHAEL	Title Name	VP IRRIGATION DIV. NAPOLEAN, ANTHONY
	-		
Name	NATALE, MICHAEL	Name	NAPOLEAN, ANTHONY
Name Address	NATALE, MICHAEL 1855 GRIFFIN RD, STE A-330	Name Address	NAPOLEAN, ANTHONY 2711 SW 36TH STREET
Name Address City-State-Zip:	NATALE, MICHAEL 1855 GRIFFIN RD, STE A-330 DANIA BEACH FL 33004	Name Address City-State-Zip:	NAPOLEAN, ANTHONY 2711 SW 36TH STREET DANIA BEACH FL 33312
Name Address City-State-Zip: Title	NATALE, MICHAEL 1855 GRIFFIN RD, STE A-330 DANIA BEACH FL 33004 D	Name Address City-State-Zip: Title	NAPOLEAN, ANTHONY 2711 SW 36TH STREET DANIA BEACH FL 33312 VP OF ARBOR CARE

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

## SIGNATURE: ANTHONY A. KALLICHE

SECRETARY

03/03/2015 Date

Date

Electronic Signature of Signing Officer/Director Detail