


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 452989 1. Entity Name LUCKHARDT, INC.	
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Principal Place of Business 243 VILLAS ST STUART, FL 34994 US	Mailing Address PO BOX 1185 STUART, FL 34995 US
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DO NOT WRITE IN THIS SPACE

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01172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1543591	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

OUGHTERSON, WILLIAM A.
310 W. OCEAN BLVD.
STUART, FL 34994

**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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCKHARDT, GREGORY 4351 S.E. GENEVA DR. STUART, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUCKHARDT, C. GRANT 2058 PALIFOX DR., N.E. ATLANTA, GA 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUCKHARDT, LEONA RUE 243 VILLAS ST. STUART, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUSTIN, ELISA 247 VILLAS ST. STUART, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/04-80031-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **G. LUCKHARDT** **1/21/04**

Date Daytime Phone #