

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90007 005 ***550.00

DOCUMENT # 521460

1. Entity Name

LUKAS NURSERY & GARDEN SHOP, INC.



Principal Place of Business

1909 SLAVIA ROAD
OVIEDO FL 32765

Mailing Address

1909 SLAVIA ROAD
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1707563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUKAS, PHILIP N.
1929 SLAVIA ROAD
OVIEDO FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPST ☐ Delete
NAME LUKAS, PAUL M.
STREET ADDRESS 4137 PLYMOUTH-SORRENTO ROAD
CITY-ST-ZIP APOKA FL 32712-5412

TITLE PTD ☐ Delete
NAME LUKAS, GERTRUDE G
STREET ADDRESS 2411 CHURCH STREET
CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☐ Delete
NAME LUKAS, PHILIP N.
STREET ADDRESS 1929 SLAVIA ROAD
CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☐ Delete
NAME LUKAS, JONATHAN S.
STREET ADDRESS 100 LAKE MILLS ISLAND PT
CITY-ST-ZIP CHULUOTA FL 32766

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-566-7254
08-21-04