



**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 521460</b>				<b>Feb 03, 2006 08:00 AM</b>		<b>Secretary of State</b>	
1. Entity Name <b>LUKAS NURSERY &amp; GARDEN SHOP, INC.</b>							
Principal Place of Business <b>1909 SLAVIA ROAD OVIEDO FL 32765</b>		Mailing Address <b>1909 SLAVIA ROAD OVIEDO FL 32765</b>					
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-1707563</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>LUKAS, PHILIP N. 1929 SLAVIA ROAD OVIEDO FL 32765</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May E. Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VPSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUKAS, PAUL M.			NAME	10000011419710		
STREET ADDRESS	4137 PLYMOUTH-SORRENTO ROAD			STREET ADDRESS	02/15/06-80018-013 150.00		
CITY-ST-ZIP	APOKA FL 32712-5412			CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUKAS, GERTRUDE G			NAME			
STREET ADDRESS	2411 CHURCH STREET			STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUKAS, PHILIP N.			NAME			
STREET ADDRESS	1929 SLAVIA ROAD			STREET ADDRESS			
CITY-ST-ZIP	OVEIDO FL 32765			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUKAS, JONATHAN S.			NAME			
STREET ADDRESS	100 LAKE MILLS ISLAND PT			STREET ADDRESS			
CITY-ST-ZIP	CHULUOTA FL 32766			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Gertrude G. Lukas</i>				01-19-06 407-366-6223			