

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 26, 2007 08:00 AM  
Secretary of State

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 - No P.O. Box #

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 (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	VP	NAME	LUKAS, PAUL M.	<input type="checkbox"/> Delete
STREET ADDRESS	4137 PLYMOUTH-SORRENTO ROAD			
CITY-STATE-ZIP	APOPKA FL 32712-5412			
TITLE	PTD	NAME	LUKAS, GERTRUDE G	<input type="checkbox"/> Delete
STREET ADDRESS	2411 CHURCH STREET			
CITY-STATE-ZIP	OVIEDO FL 32765			
TITLE	D	NAME	LUKAS, PHILIP N.	<input type="checkbox"/> Delete
STREET ADDRESS	1929 SLAVIA ROAD			
CITY-STATE-ZIP	OVIEDO FL 32765			
TITLE	D	NAME	LUKAS, JONATHAN S.	<input type="checkbox"/> Delete
STREET ADDRESS	100 LAKE MILLS ISLAND PT			
CITY-STATE-ZIP	CHULUOTA FL 32766			
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-STATE-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-STATE-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.

*Philip N. Lukas* 01/26/07 08:00 AM