

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 521460

FILED
Jan 06, 2009
Secretary of State

Entity Name: LUKAS NURSERY & GARDEN SHOP, INC.

Current Principal Place of Business:

1909 SLAVIA ROAD
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1909 SLAVIA ROAD
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-1707563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUKAS, PHILIP N.
1929 SLAVIA ROAD
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUKAS, PAUL M.,
Address: 1929 SLAVIA RD
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: LUKAS, GERTRUDE G
Address: 2411 CHURCH STREET
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: LUKAS, PHILIP N.,
Address: 1929 SLAVIA ROAD
City-St-Zip: OVEIDO, FL 32765

Title: SD () Delete
Name: LUKAS II, STANLEY T
Address: 1305 E RED BUG RD
City-St-Zip: OVIEDO, FL 32765

Title: TD (X) Delete
Name: LUKAS, CALEB N
Address: 1305 E RED BUG RD
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUKAS, PHILIP N
Address: 1929 SLAVIA RD
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LUKAS II, STANLEY T
Address: 1305 E RED BUG RD
City-St-Zip: OVIEDO, FL 32765

Title: TD (X) Change () Addition
Name: LUKAS, CALEB N
Address: 1305 E RED BUG RD
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CALEB N. LUKAS

TD

01/06/2009

Electronic Signature of Signing Officer or Director

Date