

**FILED.**

**Feb 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 566280

1. Entity Name

LAWRENCE LUKIN ASSOCIATES, INC.

Principal Place of Business

3551 LAKEMONT DR  
BONITA SPRINGS FL 34134  
US

Mailing Address

3551 LAKEMONT DR  
BONITA SPRINGS FL 34134  
US

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

59-1802151

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E034 (10/05)

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUKIN, LUCILLE L  
3551 LAKEMONT DRIVE  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

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 \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

5.00 May 1 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P

NAME

LUKIN, LUCILLE L

STREET ADDRESS

3551 LAKEMONT DRIVE

CITY- ST- ZIP

BONITA SPRINGS FL 34134

TITLE

VP

NAME

LUKIN, CHRISTOPHER

STREET ADDRESS

211 EAST BOLTON ST

CITY- ST- ZIP

SAVANNAH GA 31401

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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NAME

STREET ADDRESS

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: Lucille L. Lukin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06

239 947-8160

Date

Daytime Phone #