## -- 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 11, 2007 08:00 All Secretary of State **DOCUMENT #605825** 1. Entity Name ROBERT LUKE CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 3829 SE 80TH AVE 3829 SE 80TH AVE NEWBERRY, FL 32669 NEWBERRY, FL 32669 04082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1969725 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUKE, ROBERT DO NOT WRITE 3829 SE 80TH AVE NEWBERRY, FL 32669 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ST MILE LUKE, SHIRLEY NAME U00000700116 04/20/07-80004-015 150.00 STREET ADDRESS 3829 SE 80TH AVE CITY-ST-ZIP NEWBERRY, FL 32669 TITLE LUKE, ROBERT NAME 3829 SE 80TH AVE STREET ADDRESS CITY-ST-ZIP NEWBERRY, FL 32669 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE mu STREET ADORESS CITY-ST-ZIP TITLE 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 Chapter 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Schuley H. Luke

4-9-07

352-472-3410

FILED

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Davtme Phone 6