


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 702517</b> 1. Entity Name <b>LUTZ-LAND O' LAKES POST NUMBER 108, INC., THE AMERICAN LEGION, DEPARTMENT OF FLORIDA</b>									
Principal Place of Business <b>5903 LAND O LAKES BLVD. PO BOX 747 LAND O LAKES FL 34639</b>		Mailing Address <b>P.O. BOX 747 PO BOX 747 LAND O'LAKES FL 34639 US</b>							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country		Zip					
Country		Country		4. FEI Number <b>59-6200605</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table>		Applied For	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Applied For	<input type="checkbox"/>								
Not Applicable	<input type="checkbox"/>								
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE      CR2E037 (10/04)					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
<b>GARDNER, ROBERT 19805 READING ROAD LUTZ FL 33549</b>			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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____									
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>					
<b>Make Check Payable to Florida Department of State</b>									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	<b>NASSO, VINCENT</b>		NAME	<b>U00000373184</b>					
STREET ADDRESS	<b>2829 BANYAN HILL LN</b>		STREET ADDRESS	<b>07/18/05-80004-021 61.25</b>					
CITY- ST- ZIP	<b>LAND O LAKES FL 34639</b>		CITY- ST- ZIP						
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	<b>GARDNER, ROBERT</b>		NAME						
STREET ADDRESS	<b>1729 HERON COVE DR</b>		STREET ADDRESS						
CITY- ST- ZIP	<b>LUTZ FL 33549</b>		CITY- ST- ZIP						
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	<b>DRETZKA, RAYMOND J.</b>		NAME						
STREET ADDRESS	<b>3153 LAKE PADGETT DRIVE</b>		STREET ADDRESS						
CITY- ST- ZIP	<b>LAND O'LAKES FL</b>		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						
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 exemption stated in Section 119.07(3)(f), 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 617, 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: _____			15 Jul 2005						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #						