

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 855658

1. Entity Name
LUZERNE PRODUCTS INC.



Principal Place of Business
**SUITE 100, 180 COURTRIGHT ST.
WILKES-BARRE, PA 18702-8802**

Mailing Address
**SUITE 100, 180 COURTRIGHT ST.
WILKES-BARRE, PA 18702-8802**



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1681141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BELL, JAMES E.
166 S. BEACH RD
HOBE SOUND, FL 33455**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELL, JAMES E.
166 S. BEACH RD.
HOBE SOUND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GOULA, JUDYANN
708 SPRING ST
AVOCA, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELL, JAMES E., III
5402 KENNET PIKE
GREENVILLE, DE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELL, CONSTANCE L.
166 S. BEACH RD.
HOBE SOUND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KLUGER, ALLAN M.
46 E. WALNUT ST.
KINGSTON, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BELL, STUART M.
225 COON RD.
WYOMING, PA**

U000000706567
04/24/07-80039-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/07 (610) 825-4691
Date Daytime Phone