

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90013 026 \*\*\*150.00

**DOCUMENT # F04692**

1. Entity Name

LUTONE, INC.



Principal Place of Business

13923 HELEN AVENUE  
HUDSON FL 34667

Mailing Address

13923 HELEN AVENUE  
HUDSON FL 34667  
US

50011875



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

8904 HARGROVE DR.

Suite, Apt. #, etc.

3. Mailing Address

8904 HARGROVE DR.

Suite, Apt. #, etc.

City & State

HUDSON

City & State

HUDSON

4. FEI Number

59-2036119

Applied For

Not Applicable

Zip

34667

Country

USA

Zip

34667

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAPPA, ANTIONETTE M  
13923 HELEN AVE  
HUDSON FL 34667

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD  
NAME RAPPA, ANTIONETTE M  
STREET ADDRESS 13923 HELEN AVE.  
CITY-ST-ZIP HUDSON FL ☐ Delete

TITLE PVP  
NAME RAPPA, LOUIS R  
STREET ADDRESS 13923 HELEN AVE.  
CITY-ST-ZIP HUDSON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD  
NAME RAPPA, ANTIONETTE M  
STREET ADDRESS 8904 HARGROVE DR.  
CITY-ST-ZIP HUDSON, FLA 34667 ☒ Change ☐ Addition

TITLE PVP  
NAME RAPPA, LOUIS R  
STREET ADDRESS 8904 HARGROVE DR  
CITY-ST-ZIP HUDSON, FLA 34667 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Antionette Rappa - ANTIONETTE RAPPA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05 727-663-5222  
Date Daytime Phone #