

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90064 015 ***150.00

DOCUMENT # G18346

1. Entity Name

BROWN & LUKE CONTRACTING COMPANY, INC.



Principal Place of Business

**MARSH LANDING BUILDING
POST OFFICE BOX 1333, SUITE 1
PONTE VERDA BEACH FL 32004-1333
US**

Mailing Address

**4400 T.P.C. BLVD., N.
P.O. BOX 1333
PONTE VERDA BEACH FL 32004-1333**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **59-2243026**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EAKIN, PAUL M
599 ATLANTIC BLVD.
SUITE 4
ATLANTIC BEACH FL 32233**

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LUKE, THOMAS L.
STREET ADDRESS 310 NORTH 15TH STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE VP ☒ Change ☐ Addition
NAME Fisher, Sherri L.
STREET ADDRESS 13230 Grant Logan Lane
CITY-ST-ZIP Jacksonville, FL 32225

TITLE CS ☐ Delete
NAME HEILIG, MELANIE R
STREET ADDRESS 611 PONTE VEDRA LAKES BLVD., #3108
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE CT ☐ Delete
NAME FISHER, SHERRI L
STREET ADDRESS 2605 MERWYN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

Date

904-285-7079

Daytime Phone #