2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J76998

1. Entity Name
DON LUCHETTI CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
565 DISTRIBUTION DR. MELBOURNE, FL 32904	565 DISTRIBUTION DR. MELBOURNE, FL 32904

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2820834	Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUCHETTI, DON
5680 WILLOUGHBY DRIVE
MELBOURNE, FL 32934

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS

TITLE	P
NAME	LUCHETTI, DON
STREET ADDRESS	5680 WILLOUGHBY DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32934

TITLE	VP
NAME	LUCHETTI, MARY
STREET ADDRESS	974 SEDGEWOOD CIRCLE
CITY-ST-ZIP	WEST MELBOURNE, FL 32904

TITLE	TS
NAME	LUCHETTI, CHRIS
STREET ADDRESS	756 PENGUIN AVE
CITY-ST-ZIP	PALM BAY, FL 32907

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/08-80045-001 158.75

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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: _____ 1/7/08   321-951-2947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #