

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J76998

FILED
Mar 10, 2009
Secretary of State**Entity Name:** DON LUCHETTI CONSTRUCTION, INC.**Current Principal Place of Business:**565 DISTRIBUTION DR.
MELBOURNE, FL 32904**New Principal Place of Business:****Current Mailing Address:**565 DISTRIBUTION DR.
MELBOURNE, FL 32904**New Mailing Address:****FEI Number:** 59-2820834 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LUCHETTI, DON
5680 WILLOUGHBY DRIVE
MELBOURNE, FL 32934 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: LUCHETTI, DON
Address: 5680 WILLOUGHBY DRIVE
City-St-Zip: MELBOURNE, FL 32934**Title:** VP () Delete
Name: LUCHETTI, MARY
Address: 974 SEDGEWOOD CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904**Title:** TS () Delete
Name: LUCHETTI, CHRIS
Address: 756 PENGUIN AVE
City-St-Zip: PALM BAY, FL 32907**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: LUCHETTI, CHRIS
Address: 756 PENGUIN AVE
City-St-Zip: PALM BAY, FL 32907**Title:** S () Change (X) Addition
Name: DEITHORN, DAVID A
Address: 457 N. WATERWAY DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON LUCHETTI

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

Date