

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L39251

1. Entity Name
LUCKENBACH & ASSOCIATES, INC.



Principal Place of Business
**C/O BARON R. LUCKENBACH
407 LAKE HOWELL ROAD
MAITLAND, FL 32751**

Mailing Address
**C/O BARON R. LUCKENBACH
407 LAKE HOWELL ROAD
MAITLAND, FL 32751**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2988018

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ZINNO, JASON J
407 LAKE HOWELL ROAD
MAITLAND, FL 32751**

**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 *Jason J Zinno*
Signature, typed or printed name of registered agent and title if applicable

Jason Zinno

(NOTE: Registered Agent signature required when reinstating)

1/12/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 **LUCKENBACH, BARON R.**
STREET ADDRESS **407 LAKE HOWELL ROAD**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **VP**
NAME **LUCKENBACH, BEVERLY G.**
STREET ADDRESS **407 LAKE HOWELL ROAD**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **VPST**
NAME **ZINNO, JASON J**
STREET ADDRESS **407 LAKE HOWELL ROAD**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **VP**
NAME **BRANT, DEHOOP**
STREET ADDRESS **409 LAKE HOWELL RD.**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000182611
01/19/05-80033-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Jason J Zinno* **Jason Zinno**

1/12/05 (407) 657-8600