

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB -7 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L84332

1. Entity Name
LUPO INC.



Principal Place of Business
C/O A. JOHN HUGHES JR., ESQ.
2121 MCGREGOR BLVD.
FORT MYERS, FL 33901

Mailing Address
C/O A. JOHN HUGHES JR., ESQ.
2121 MCGREGOR BLVD.
FORT MYERS, FL 33901



DO NOT WRITE IN THIS SPACE

000042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0206395

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUGHES, JOHN A JR.
2121 MCGREGOR BLVD.
FORT MYERS, FL 33901

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	D
NAME	HUGHES, JOHN A JR.
STREET ADDRESS	2121 MC GREGOR BOULEVARD
CITY - ST - ZIP	FORT MYERS, FL
TITLE	D
NAME	Steiner, Peter
STREET ADDRESS	Klusweg 34
CITY - ST - ZIP	8032 Zurich Switzerland
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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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: Peter Steiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05

011 41 1 3052440

Date Daytime Phone #