## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M01123

1. Entity Name

08 MAY -1 AM 11: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

4170 CHELMSFORD RD. TALLAHASSEE, FL 32308 US

LUKÉ S. BROWN, P.A.

Mailing Address

4170 CHELMSFORD RD. TALLAHASSEE, FL 32308

US



04272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2436617

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, LUKE S. 4170 CHELMSFORD RD. TALLAHASSEE, FL 32308

## DO NOT WRITE IN THIS SPACE

O The share			255 1	і піз эгасе
	named entity submits this statement for the pictors of registered agent.	ourpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title in	d applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP BROWN, LUKE S. 4170 CHELMSFORD RD. TALLAHASSEE, FL 32308	CTORS	000	00128041260
TITLE NAME STREET ADDRESS CITY-ST-ZIP				√0801009-1022-**150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				The same of the sa
TITLE NAME				

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

MATURANO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /

4/28/68

591-6860