

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 10, 2012
Secretary of State

Entity Name: LUMON INCORPORATED

Current Principal Place of Business:

945 LAS NAVAS PLACE
ST. AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

945 LAS NAVAS PLACE
ST AUGUSTINE, F 32092

New Mailing Address:

FEI Number: 06-1840165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABIAL, GUILLERMO R
945 LAS NAVAS PLACE
ST. AUGUSTINE, FL 32092 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
Name: LABIAL, MARJORIE U
Address: 945 LAS NAVAS PLACE
City-St-Zip: ST..AUGUSTINE, FL 32092 US

Title: VP
Name: URIARTE, GREGGO B
Address: KM 1 RIZAL STREET
City-St-Zip: SURIGAO CITY, PH 8400 PH

Title: T
Name: LABIAL, GUILLERMO R
Address: 945 LAS NAAS PLACE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: S
Name: MALINAO, JOJI T
Address: 180 KNOLLWOOD DRIVE
City-St-Zip: ALBANY, GA 31701 US

Title: A
Name: URIARTE, MARGARINA B
Address: 945 LAS NAVAS PLACE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: P
Name: BARRON, LOVELINA U
Address: 539 NORTH WESTOVER BLVD #1422
City-St-Zip: ALBANY, G 31707 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GUILLERMO R. LABIAL

TREA

04/10/2012

Electronic Signature of Signing Officer or Director

Date