

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000040529</b> 1. Entity Name <b>LUKE'S LAWN, INC.</b>					
Principal Place of Business <b>899 HORIZON ROAD S.E. PALM BAY FL 32909</b>			Mailing Address <b>899 HORIZON ROAD S.E. PALM BAY FL 32909</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>KAUFMAN, BILL 849 HAFTEZ STREET NE PALM AY FL 32907</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>59-3715243</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
SIGNATURE <b>BILL KAUFMAN</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LUKE, MICHAEL 899 HORIZON ROAD S.E. PALM BEACH FL 32907		TITLE NAME STREET ADDRESS CITY-ST-ZIP  <div style="text-align: right;"> <b>U00000526952</b>  <b>05/04/06-80092-019 150.00</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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1st MOORE CR2E034 (10/05)

**FL** Zip Code

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/17/06 (321) 951-4903**  
Date Daytime Phone #