

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000041211

1. Entity Name  
H & M LUGERING, INC.



**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
3507 ROUND LAKE RD.  
APOPKA, FL 32712

Mailing Address  
PO BOX 704  
ZELLWOOD, FL 32798



**DO NOT WRITE IN THIS SPACE**

04132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3715457

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LUGERING, HENRY S  
3507 ROUND LAKE RD.  
PO BOX 704  
ZELLWOOD, FL 32798

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000118265  
04/19/04-80053-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUGERING, HENRY S PO BOX 704 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARGERET, LUGERING PO BOX 704 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:

*H. M. Luger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04 407 889 5086  
Day Daytime Phone #