

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90228 021 ***150.00

DOCUMENT # P01000088312

1. Entity Name

LUCHRO, CORP.



Principal Place of Business

5238 EAGLESMERE DR
ORLANDO FL 32819-7532

Mailing Address

5238 EAGLESMERE DR
ORLANDO FL 32819-7532

2. Principal Place of Business

6016 RALEIGH ST

3. Mailing Address

6016 RALEIGH ST

Suite, Apt. #, etc.

2903

Suite, Apt. #, etc.

2903

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32835

Country

ORANGE

Zip

32835

Country

ORANGE

MOORE

CR2E034 (11/03)



4. FEI Number

59-3743518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, ROBERTO A
5238 EAGLESMERE DR
ORLANDO FL 32819-7532

7. Name and Address of New Registered Agent

Name

JOHNSTON, ROBERTO A

Street Address (P.O. Box Number is Not Acceptable)

6016 RALEIGH ST STE 2903

City

ORLANDO

FL

Zip Code

32835

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSTON, ROBERTO
STREET ADDRESS 5238 EAGLESMERE DR
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D.
NAME JOHNSTON, ROBERTO A
STREET ADDRESS 6016 RALEIGH ST STE 2903
CITY-ST-ZIP ORLANDO, FL 32835 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #