

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

ORIGINAL

05 MAY -3 PM 2:35

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000002937

1. Entity Name
LUBE PRO, INC.



Principal Place of Business
7293 WINTERCREEK LN
TALLAHASSEE, FL 32309

Mailing Address
P.O. BOX 15705
TALLAHASSEE, FL 32317



04292005 No Chg-P CR2E034 (10/03) 05

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3590019

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOUGH, JAMES L
7293 WINTERCREEK LN
TALLAHASSEE, FL 32309-7401

**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: *James L Hough*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-2-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HOUGH, JAMES
7293 WINTER CREEK LN
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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800054667458
05/17/05--01025--021 **150.00

**DO NOT WRITE
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: *James L Hough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-2-05

850 562-7221

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