

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000015074

1. Entity Name  
LUSK SERVICES, INC.



**FILED  
Apr 14, 2006 8:00 am  
Secretary of State**

04-14-2006 90134 013 \*\*\*150.00

4 UUXX -



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2100474	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LUSK, ROBERT C  
902 E TOMLIN ST  
PLANT CITY, FL 33563

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LUSK, ROBERT C  
STREET ADDRESS 902 E TOMLIN ST  
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE VSTD  
NAME LUSK, JO AN  
STREET ADDRESS 902 E TOMLIN ST  
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE VD  
NAME PETTIS, JACK L SR  
STREET ADDRESS 606 CAREY PL  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Robert C Lusk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 813  
Date 967-5107  
Daytime Phone #