

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000032467

1. Entity Name
DAVID HASBROUCK LUTHER, INC.



Principal Place of Business
5900 NORTH ANDREW AVENUE
SUITE 100
FORT LAUDERDALE, FL 33309

Mailing Address
5900 NORTH ANDREW AVENUE
SUITE 100
FORT LAUDERDALE, FL 33309



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0512057

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUTHER, DAVID H
5900 NORTH ANDREW AVE., SUITE #100
FORT LAUDERDALE, FL 33309

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000949561
06/03/08-80033-001 427.50

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
LUTHER, DAVID H
STREET ADDRESS 5900 NORTH ANDREW AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME S
LUTHER, CHERYL
STREET ADDRESS 5900 NORTH ANDREW AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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 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: David Luther, Pres. x 4/29/08 x 754-224-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #