

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90453 034 ***158.75

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1. Entity Name

LUXOR FINANCIAL GROUP INC.



Principal Place of Business

7326 EDGEWATER DR
ORLANDO FL 32810

Mailing Address

2021 PALM VIEW DR
APOPKA FL 32712

2. Principal Place of Business

1024 SEMINOLE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA FL

City & State

APOPKA FL

Zip

32703

Country

ORANGE

Zip

APOPKA FL

Country

APOPKA FL

1st MOORE

CR2E034 (10/05)

4. FEI Number

13-4268555

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARVER, ROBERT L SR
2021 PALM VIEW DRIVE
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 ☒ Delete
NAME GARVER, ROBERT L SR
STREET ADDRESS 2021 PALM VIEW DRIVE
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P/D Robert L GARVER SR
STREET ADDRESS 2021 PALM VIEW DR
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☒ Addition
NAME V/M TRACEY M CONNER
STREET ADDRESS 4447 REAL CT
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Change ☒ Addition
NAME V/D Robert L GARVER JR
STREET ADDRESS 723 LAKE VIEW DR
CITY-ST-ZIP OCOCHEE FL 34761

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

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

TITLE ☐ Change ☐ Addition
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L GARVER SR 4-11-06 407.761-5925

Date

Daytime Phone #