## 2006 FOR PROFIT CORPORATION TANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000168678
1. Entity Name LUKE ANDREAE, P.A.

Principal Place of Business

1133 BAL HARBOR BOULEVARD

SUITE 1129

PUNTA GORDA, FL 33950

Mailing Address

1133 BAL HARBOR BOULEVARD

**SUITE 1129** 

PUNTA GORDA, FL 33950



$\cap$	NOT	MOITE	IN	PILIT	SPACE	
	10111	VVCCLIE	117		STALL	

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2096594 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

ANDREAE, LUKE 1133 BAL HARBOR BOULEVARD SUITE 1129 PUNTA GORDA, FL 33950

## DO NOT WRITE IN THIS SPACE

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	bove named entity submits this statement for the p bligations of registered agent.	ourpose of changing its registered office or	registered agent, or bot	h, in the State of Florida. I am fam	iliar with, and accept
SIGNATI	URE Signature, typed or printed name of registered agent and title	# applicable (NOTE Registered Xpont signatur	e required when reinstating)	DATE	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
18.	OFFICERS AND DIREC	CTORS			
THLE	0				
ALA SAT	ANDREAE LUKE	•			

ANDREAE LUKE STREET ADDRESS 1133 BAL HARBOR BOULEVARD, SUITE 1129 CITY-ST-ZIP PUNTA GORDA, FL 33950 IIII E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DDE NAME STREET ADDRESS CITY-ST-ZIP DILLE NAME STREET ADDRESS CATY-S1-ZIP

U00000384702 01/17/06-80026-007 150.00

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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 changed, or on an attachment with an address, with all other like empowered.

SI	G	M	AT	111	<b>7</b> F

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06

Date

941-639-0928

Daylime Phone #