## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000033872

95303 SPINNAKER DRIVE

FERNANDINA BEACH, FL 32034

Address: City-St-Zip:

Entity Name: CLAXTON AND LUKE UNDERGROUND, INC.

FILED May 21, 2008 Secretary of State

•			<b>_ ,</b>				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	LER ROAD						
#325 FERNAND	INA BEACH, F	EL 32034					
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
	LER ROAD						
#325 FERNAND	INA BEACH, F	FL 32034					
FEI Number:	: 20-2447682	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired	I ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1029 BARI FERNANC	I, EDWARD T NWELL ROAD DINA BEACH, F		o number of changing	ita ragiataras	d office or registered agent (	or bath	
	e of Florida.	submits this statement for the	e purpose oi changing i	its registered	d office or registered agent, o	or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered A	Agent		Date		
		3(2)(b), F.S., the corporation did	not receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CLAXTON, EDV 1029 BARNWEI		Title: Name: Address: City-St-Zip:	CLAXTON, E 95415 BARN	(X) Change ( ) Addition :DWARD T :WELL ROAD A BEACH, FL 32034		
Title: Name: Address: City-St-Zip:	VP () CRUMP, KEVIN 75150 HARVES YULEE, FL 320	TER STREET	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name:	T () LUKE, JASON T	Delete -	Title: Name:		( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: EDWARD T. CLAXTON P 05/21/2008