

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000125707

1. Entity Name
LUKE'S TRUCKING, INC.



Principal Place of Business
2569 TROPICAIRE BLVD
NORTH PORT, FL 34286

Mailing Address
2569 TROPICAIRE BLVD
NORTH PORT, FL 34286

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11062006 REIN R 0025098111705

REINSTATEMENT

4. FLS Number

30-0319296

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUKE, ERNEST W
2569 TROPICAIRE BLVD
NORTH PORT, FL 34286

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

Ernest W Luke

(NOTE: Registered Agent signature required when reinstating)

12-19-06

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P,T ☐ Delete
NAME LUKE, ERNEST W
STREET ADDRESS 2569 TROPICAIRE BLVD
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE VP,S ☐ Delete
NAME LUKE, LORI J
STREET ADDRESS 2569 TROPICAIRE BLVD
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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
STREET ADDRESS 100082739701
CITY-ST-ZIP 12/22/06--01026--004 **200.00

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 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:

Ernest W Luke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-06

B. Mitchell

DEC 22 2006

FILED

06 DEC 22 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/29/06 01010 001 \$558.75

