

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000008067

1. Entity Name  
LUCIANO CONCRETE, INC



Principal Place of Business  
3725 STUART STREET  
APOPKA, FL 32703 US

Mailing Address  
3725 STUART STREET  
APOPKA, FL 32703 US

**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**



07112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4143228

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LUCIANO, OSCAR D  
3725 STUART STREET  
APOPKA, FL 32703

**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

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**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME LUCIANO, OSCAR D  
STREET ADDRESS 3725 STUART STREET  
CITY-ST-ZIP APOPKA, FL 32709

TITLE S  
NAME LUCIANO, OSCAR D  
STREET ADDRESS 3725 STUART STREET  
CITY-ST-ZIP APOPKA, FL 32703

TITLE VP  
NAME LUCIANO, JUAN C  
STREET ADDRESS 1136 HAWTHORNE AVENUE  
CITY-ST-ZIP APOPKA, FL 32703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000957503  
08/11/08-80003-021 150.00

**DO NOT WRITE  
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:

*Oscar D Luciano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-08

Date

Daytime Phone #