


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000085237</b> 1. Entity Name LUCKETT HOLDINGS, INC.	
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Principal Place of Business 2000 WARRINGTON WAY, STE. 163 LOUISVILLE, KY 40222	Mailing Address 2000 WARRINGTON WAY, STE. 163 LOUISVILLE, KY 40222
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<b>DO NOT WRITE IN THIS SPACE</b>
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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-0265930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FALK, JACK A. JR. 550 BILTMORE WAY, STE. 810 DUNWODY WHITE & LANDON, P.A. CORAL GABLES, FL 33134
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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 reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000783568 01/16/08-80020-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OWRE, CAROLINE 5000 HAMMOCK LAKE DR. CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GHEE, JOHN 1898 SE PT. ST. LUCIE BLVD. PT. ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURR, ANTHONY W. 2000 WARRINGTON WAY, STE. 163 LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *W. Murr* 1/4/08 502-561-0070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #