


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P10988 1. Entity Name LUTTRELL DRAINAGE, INC.	
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Principal Place of Business 11693 STATE ROUTE 69 NORTH P O BOX 157 DUNDEE, KY 42338	Mailing Address 11693 STATE ROUTE 69 NORTH P O BOX 157 DUNDEE, KY 42338
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04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1069533	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTTRELL, LESTER R. 11693 STATE ROUTE 69 N DUNDEE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUTTRELL, DANIEL K. 11693 STATE ROUTE 69 N DUNDEE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUTTRELL, PAUL R. 11693 STATE ROUTE 69 N DUNDEE, KY
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06/02/08-80005-007, 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:  **Paul R. Luttrell** **4/30/08 270-276-9439**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #