


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90017 005 ***150.00

DOCUMENT # P15171 1. Entity Name LUHRS CORPORATION					
Principal Place of Business 255 DIESEL RD. ST.AUGUSTINE, FL 32086			Mailing Address RT. 441 P.O. BOX 1030 ALACHUA, FL 32615 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03222005 Chg-P CR2E034 (10/03)	
4. FEI Number 22-2543062				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
F & L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIRES, CHARLES RTE. 441 P.O. BOX 1030 NA ALACHUA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LUHRS, WARREN R. RTE. 441 P.O. BOX 1030 NA ALACHUA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DINGLER, BRIAN G 255 DIESEL RD. ST AUGUSTINE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DINGLER BRIAN G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 255 Diesel RD. St. Augustine, FL 32084		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL, JETT N RTE 441 P.O. BOX 1030 NA ALACHUA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T DANIEL JETT N. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROUTE 441 P.O. BOX 1030 NA ALACHUA, FL 32615		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUHRS, JOHN H RTE 441 P.O. BOX 1030 NA ALACHUA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINNEY, WILLIAM 255 DIESEL RD SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3 23 05 904 824 4375 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					