2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000102201

LUKÓW DURFEE COMPANIES, INC.



Principal Place of Business

10006 N. DALE MABRY

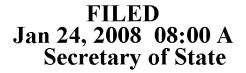
STE. 102 TAMPA, FL 33618

Mailing Address

10006 N. DALE MABRY

STE. 102

TAMPA, FL 33618





DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number Not Applicable 59-3422116 \$8.75 Additional

5. Certificate of Status Desired

01082008

Fee Required

CR2E034 (11/05)

DURFEE, CLARK 10006 N. DALE MABRY

6. Name and Address of Current Registered Agent

STE. 102 **TAMPA, FL 33618**

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

No Chg-P

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8. The above named thirty 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				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DURFEE, CLARK 10006 N. DALE MABRY STE 102 TAMPA, FL 33618				U00000793624
MILE NAME STREET ADDRESS CITY-ST-ZIP	VP LUKOW, EUGENE 3329 CANTERA WAY ROUND ROCK, TX 78681			•	01/25/08-80016-021 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			IN '	THIS SPACE
NAME STREET ADDRESS CITY-SI-ZIP			٠,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	* B _N	
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 emplemental 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 Sectiver 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.					

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR