


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P97000074836</b> 1. Entity Name <b>LUCERNE PARK WAREHOUSING, INC.</b>	
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Principal Place of Business <b>250 MAGNOLIA AVE SW SUITE 200 2ND FLOOR WINTER HAVEN, FL 33880-2901</b>	Mailing Address <b>250 MAGNOLIA AVE SW SUITE 200 2ND FLOOR WINTER HAVEN, FL 33880-2901</b>
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02062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3478088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**WATSON, WILLIAM C  
250 MAGNOLIA AVE SW  
SUITE 200 2ND FLOOR  
WINTER HAVEN, FL 33880-2901**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WATSON, WILLIAM C 250 MAGNOLIA AVE SW SUITE 200 2ND FLOOR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, WILLIAM C 250 MAGNOLIA AVE SW SUITE 200 2ND FLOOR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, EDNA J 250 MAGNOLIA AVE SW SUITE 200 2ND FLOOR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WATSON, EDNA J 250 MAGNOLIA AVE SW SUITE 200 2ND FLOOR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, LINDA C 250 MAGNOLIA AVE SW SUITE 200 2ND FLOOR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **WILLIAM C. WATSON, PRES.** **FEBRUARY 6, 2008** **(863) 294-4149**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #