

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90002 032 ***150.00

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1. Entity Name

HERMANOS LUNA, INC.



Principal Place of Business

PO BOX 2303
LABELLE FL 33975
US

Mailing Address

PO BOX 2303
LABELLE FL 33975
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0784615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUNA, ANGEL M
605 NE PARK ST
OKEECHOBEE FL 34972

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LUNA, ANGEL M
STREET ADDRESS 605 NE PARK ST
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE VD ☐ Delete
NAME LUNA, HERIBERTO M
STREET ADDRESS 110 SUNRISE DR
CITY-ST-ZIP FT PIERCE FL 34945

TITLE VD ☒ Delete
NAME LUNA, JOSE M
STREET ADDRESS 12870 ORANGE AVE
CITY-ST-ZIP FT PIERCE FL 34945

TITLE VD ☒ Delete
NAME LUNA, JUVENCIO M
STREET ADDRESS PO BOX 1966
CITY-ST-ZIP IMMOKALEE FL 34143

TITLE TD ☐ Delete
NAME LUNA, ADAN M
STREET ADDRESS PO BOX 2303
CITY-ST-ZIP LABELLE FL 33975

TITLE SD ☒ Delete
NAME LUNA, JESUS M
STREET ADDRESS 114 SAN JOSE
CITY-ST-ZIP CLEWISTON FL 33440

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adan M. Luna 1/29/04 (863) 675-1322

Date

Daytime Phone #