

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00-AM**  
**Secretary of State**

**DOCUMENT # P98000017695**

1. Entity Name  
LU- VAL PROPERTIES, INC.



Principal Place of Business  
34871 EMERALD COAST PKWY  
DESTIN, FL 32541

Mailing Address  
34871 EMERALD COAST PKWY  
DESTIN, FL 32541 US



02142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3494097

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

VALLIANTATOS, ANDREW  
34871 EMERALD COAST PARKWAY  
DESTIN, FL 32541

**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 \_\_\_\_\_

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DS
NAME	VALLIANATOS, ANDREW
STREET ADDRESS	34871 EMERALD COAST PKWY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	DV
NAME	VALLIANATOS, JOHN
STREET ADDRESS	34871 EMERALD COAST PKWY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	DP
NAME	LUPER, ZVI
STREET ADDRESS	7861 BAYOU CLUB BLVD.
CITY-ST-ZIP	LARGO, FL 33777
TITLE	DT
NAME	LUPER, HANAN
STREET ADDRESS	7347 SAWGRASS POINT DR.
CITY-ST-ZIP	PINELLAS POINT, FL 33782
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000452519  
03/13/06 R0002-002 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06

Date

850-837-7500

Daytime Phone #