

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90041 042 ***150.00

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01122007 Chg-P CR2E034 (12/06)

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|--|---|---|--|---|--|
| DOCUMENT # S34958 1. Entity Name LUKE ANGEL GROVES, INC. | | | | | |
| Principal Place of Business 1010 E CITRUS AVE HAINES CITY, FL 33844 | | | Mailing Address P.O. BOX 366 HAINES CITY, FL 33844 | | |
| 2. Principal Place of Business - No P.O. Box # 300 SPENCER SHORES | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State HAINES CITY, FL | | City & State | | 4. FEI Number 59-3053663 | |
| Zip 33844 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TUNNO, W.C. JR 7 SPENCER SHORES HAINES CITY, FL 33844 | | | 7. Name and Address of New Registered Agent Name TUNNO, W.C. JR Street Address (P.O. Box Number is Not Acceptable) 300 SPENCER SHORES City HAINES CITY, FL Zip Code 33844 | | |
| 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 <u><i>W.C. Tunno Jr</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-18-07</u> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 GREGORY, WILLIAM JULIAN 815 ATKINSON DR DALTON, GA 30720 <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 | D YIRAK, JANE GREGORY 3332 SUNNY MEADOWS CT BIRMINGHAM, AL 35243 <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 | D TUNNO, MARTHA J 112 S. LINCOLN TAMPA, FL 336093045 <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 | D TUNNO, BRUCE WYCKLIFFE 7 SPENCER SHORES HAINES CITY, FL 33844 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TUNNO, BRUCE W 300 SPENCER SHORES HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TUNNO, W C JR 7 SPENCER SHORES HAINES CITY, FL 33844 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V TUNNO, W C JR 300 SPENCER SHORES HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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: <u><i>W.C. Tunno Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>1-18-07</u> Daytime Phone # | | |