


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90075 041 ***150.00

DOCUMENT # S81905			
1. Entity Name LUWE-FLUG, INC.			
Principal Place of Business QUEEN CHRISTINA 114 FT. PIERCE, FL 34949 US		Mailing Address QUEEN CHRISTINA COURT 114 C/O WALTER LUX FT. PIERCE, FL 34949 US	
2. Principal Place of Business		3. Mailing Address <i>C/O THIEMANN</i> <i>11380 PALM FARMS ROAD</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># 215</i>	
City & State		City & State <i>PALM BEACH GARDENS, FL</i>	
Zip	Country	Zip	Country
		<i>33410</i>	<i>USA</i>

40052634



01272006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUX, WALTER D QUEEN CHRISTINA COURT 114 FT. PIERCE, FL 34949		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 resigning)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUX, WALTER D QUEEN CHRISTINA 114 COURT FT. PIERCE, FL 33949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

4/12/06