

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 521460

Entity Name: LUKAS NURSERY & GARDEN SHOP, INC.**Current Principal Place of Business:**1909 SLAVIA ROAD
OVIEDO, FL 32765**Current Mailing Address:**1909 SLAVIA ROAD
OVIEDO, FL 32765**FEI Number:** 59-1707563**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUKAS, CALEB N
1909 SLAVIA ROAD
OVIEDO, FL 32765 US*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.***SIGNATURE:** CALEB N LUKAS

02/08/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name LUKAS, PHILIP N
Address 1929 SLAVIA RD
City-State-Zip: OVIEDO FL 32765

Title PRESIDENT, DIRECTOR
Name LUKAS, STANLEY T II
Address 1305 E RED BUG RD
City-State-Zip: OVIEDO FL 32765

Title TREASURER, DIRECTOR
Name LUKAS, CALEB N
Address 1305 E RED BUG RD
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name LUKAS, LEE J
Address 1929 SLAVIA RD
City-State-Zip: OVIEDO FL 32765

Title SECRETARY, DIRECTOR
Name LUKAS, CECELIA C
Address 1305 E RED BUG RD
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name LUKAS, PAUL M JR.
Address 395 GOBBLERS LODGE ROAD
City-State-Zip: OSTEEN FL 32764

Title DIRECTOR
Name LUKAS, GERTRUDE
Address 2411 CHURCH ST
City-State-Zip: OVIEDO FL 32765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CALEB N. LUKAS

TREASURER

02/08/2014

Electronic Signature of Signing Officer/Director Detail

Date