

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000105145

**Entity Name:** LUKE A/C CONTRACTING, INC

**Current Principal Place of Business:**

11544 NORMANDY BLVD  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

P.O.BOX 77248  
JACKSONVILLE, FL 32226 US

**FEI Number:** 45-4119187

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUKE, THOMAS L  
12249 SHADOW CREEK COURT  
JACKSONVILLE, FL 32226 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            LUKE, THOMAS J  
Address        P.O.BOX 77248  
City-State-Zip: JACKSONVILLE FL 32226

Title            VP  
Name            LUKE, KRISTI  
Address        P.O.BOX 77248  
City-State-Zip: JACKSONVILLE FL 32226

*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:** KRISTI LUKE

VP

03/23/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date