


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 479775**  
 1. Entity Name  
**ARCCO OF ST. LUCIE, INC.**



Principal Place of Business  
**P.O. BOX 12909  
 FT PIERCE, FL 34979-2909**

Mailing Address  
**P.O. BOX 12909  
 FT PIERCE, FL 34979-2909**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1608453**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ADAMS, ALTO, JR.  
 26015 ORANGE AVE  
 FT PIERCE, FL 33451**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, ROBERT L. 22500 OKEECHOBEE RD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRISON, PETER W. 23285 ORANGE AVE FT. PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, DOROTHY S. 26015 ORANGE AVE FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, ALTO L., JR. 26015 ORANGE AVE FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADMAS, MICHAEL L. 25501 ORANGE AVE FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/19/06-80014-021 150.00

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: Michael L. Adams Date: 1/10/06 772-461-6321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #