## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 23, 2005 08:00 AM Secretary of State

DOCUMENT # J42642  1. Entity Name ST. LUCIE COUNTY INVESTMENT CORP.				Secretary of State
Principal Place of Business 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819 US		Mailing Address 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819 US		T 
C	OO NOT WRITE		CE	02172005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For S9-2755148 Not Applied be Serviced Status Desired S8.75 Additional Fee Required
5. Name and Address of Current Registered Agent ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819			Park de China Chin	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  Signature, typed or printed name of registered agent and file if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees				
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF PDT ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL VPD LUX, WALTER	ECTORS	manufacture of the control of the co	U00000240279 
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	114 QUEEN CHRISTINA CT. FT. PIERCE, FL  VPS PRAUSE, WALTER 115 QUEEN CHRISTINA CT. FT. PIERCE, FL			DO NOT WRITE
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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.				

-- Lothar Estein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

2/18/2005

Date

(407) 354-3307

Daytime Phone #