

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42642

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** ST. LUCIE COUNTY INVESTMENT CORP.

**Current Principal Place of Business:**

4705 S. APOPKA VINELAND RD  
SUITE 201  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

4705 S. APOPKA VINELAND RD  
SUITE 201  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 59-2755148      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ESTEIN, LOTHAR  
4705 S. APOPKA VINELAND ROAD  
SUITE 201  
ORLANDO, FL 32819 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PDT  
**Name:** ESTEIN, LOTHAR  
**Address:** 4705 S. APOPKA VINELAND ROAD, SUITE 201  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** VPD  
**Name:** LUX, WALTER  
**Address:** 114 QUEEN CHRISTINA CT.  
**City-St-Zip:** FT. PIERCE, FL

**Title:** VPS  
**Name:** PRAUSE, WALTER  
**Address:** 115 QUEEN CHRISTINA CT.  
**City-St-Zip:** FT. PIERCE, FL

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: LOTHAR ESTEIN

Electronic Signature of Signing Officer or Director

PRES

03/25/2010

Date