


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 479775</b> 1. Entity Name <b>ARCCO OF ST. LUCIE, INC.</b>	
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Principal Place of Business P.O. BOX 12909 FT PIERCE, FL 34979-2909	Mailing Address P.O. BOX 12909 FT PIERCE, FL 34979-2909
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1608453</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  ADAMS, ALTO, JR. 26015 ORANGE AVE FT PIERCE, FL 33451
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**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 ADAMS, MICHAEL L. 25501 ORANGE AVE FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000051488  
02/16/04-80053-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:**  **Michael L. Adams, Dir.** **772-461-6321**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #