

**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**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1608453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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	PD
NAME	ADAMS, ROBERT L.
STREET ADDRESS	22500 OKEECHOBEE RD
CITY-ST-ZIP	FORT PIERCE, FL 34945

TITLE	VD
NAME	HARRISON, PETER W.
STREET ADDRESS	23285 ORANGE AVE
CITY-ST-ZIP	FT. PIERCE, FL 34945

TITLE	D
NAME	ADAMS, DOROTHY S.
STREET ADDRESS	26015 ORANGE AVE
CITY-ST-ZIP	FORT PIERCE, FL 34945

TITLE	D
NAME	ADAMS, ALTO L., JR.
STREET ADDRESS	26015 ORANGE AVE
CITY-ST-ZIP	FORT PIERCE, FL 34945

TITLE	D
NAME	ADMAS, MICHAEL L.
STREET ADDRESS	25501 ORANGE AVE
CITY-ST-ZIP	FORT PIERCE, FL 34945

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/06-80014-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06 772-461-6321
Date Daytime Phone #