2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479775

Entity Name: ARCCO OF ST. LUCIE, INC.

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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P.O. BOX 12909 26003 ORANGE AVENUE FT PIERCE, FL 349792909 FT PIERCE, FL 34945

Current Mailing Address: New Mailing Address:

P.O. BOX 12909 FT PIERCE, FL 349792909

FEI Number: 59-1608453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ADAMS, ALTO, JR.

26015 ORANGE AVE
FT PIERCE, FL 33451 US

ADAMS, ALTO, JR.

26015 ORANGE AVE
FT PIERCE, FL 34945 US

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: 03/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ADAMS, ROBERT L., Name: ADAMS, ROBERT L.,

 Address:
 22500 OKEECHOBEE RD
 Address:
 26003 ORANGE AVENUE

 City-St-Zip:
 FORT PIERCE, FL 34945
 City-St-Zip:
 FORT PIERCE, FL 34945

Title: VD () Delete Title: VD (X) Change () Addition Name: HARRISON, PETER W., Name: HARRISON, PETER W.,

 Address:
 23285 ORANGE AVE
 Address:
 26003 ORANGE AVE

 City-St-Zip:
 FT. PIERCE, FL 34945
 City-St-Zip:
 FT. PIERCE, FL 34945

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ADAMS, DOROTHY S.
 Name:
 ADAMS, DOROTHY S.

 Address:
 26015 ORANGE AVE
 Address:
 26003 ORANGE AVE

 City-St-Zip:
 FORT PIERCE, FL 34945
 City-St-Zip:
 FORT PIERCE, FL 34945

Title: D () Delete Title: D (X) Change () Addition Name: ADAMS, ALTO L., JR., Name: ADAMS, ALTO L., JR.,

 Name:
 ADAMS, ALTO L., JR.,
 Name:
 ADAMS, ALTO L., JR.,

 Address:
 26015 ORANGE AVE
 Address:
 26003 ORANGE AVE

 City-St-Zip:
 FORT PIERCE, FL 34945
 City-St-Zip:
 FORT PIERCE, FL 34945

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 ADAMS, MICHAEL L
 Name:
 ADAMS, MICHAEL L

 Address:
 25501 ORANGE AVE
 Address:
 26003 ORANGE AVE

 City-St-Zip:
 FORT PIERCE, FL 34945
 City-St-Zip:
 FORT PIERCE, FL 34945

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANE K. HAENNING, ASST. SECRETARY MRS. 03/12/2009

Electronic Signature of Signing Officer or Director

Date