

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479775

FILED  
Feb 28, 2012  
Secretary of State

Entity Name: ARCCO OF ST. LUCIE, INC.

**Current Principal Place of Business:**

26003 ORANGE AVENUE  
FT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12909  
FT PIERCE, FL 349792909

**New Mailing Address:**

FEI Number: 59-1608453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADAMS, MICHAEL L.  
26015 ORANGE AVE  
FT PIERCE, FL 34945 US

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

ADAMS, MICHAEL L.  
26003 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:

02/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ADAMS, ROBERT L.  
Address: 26003 ORANGE AVENUE  
City-St-Zip: FORT PIERCE, FL 34945

Title: VD  
Name: HARRISON, PETER W.  
Address: 26003 ORANGE AVE  
City-St-Zip: FT. PIERCE, FL 34945

Title: D  
Name: ADAMS, DOROTHY S.  
Address: 26003 ORANGE AVE  
City-St-Zip: FORT PIERCE, FL 34945

Title: D  
Name: ADAMS, ALTO L., JR.  
Address: 26003 ORANGE AVE  
City-St-Zip: FORT PIERCE, FL 34945

Title: D  
Name: ADAMS, MICHAEL L.  
Address: 26003 ORANGE AVE  
City-St-Zip: FORT PIERCE, FL 34945

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: MICHAEL L. ADAMS

D

02/28/2012

Electronic Signature of Signing Officer or Director

Date