

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000373

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: ST. LUCIE LOTS OF TENNESSEE, INC.

**Current Principal Place of Business:**

1485 SW BOUGAINVILLEA AVE.  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1485 SW BOUGAINVILLEA AVE.  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 20-2919956      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BELL, DWIGHT W  
1485 SW BOUGAINVILLEA AVE.  
PORT ST LUCIE, FL 34953    US

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

BELL, DWIGHT W  
1835 N HIGHWAY A1A, UNIT 503  
INDIALANTIC, FL 32903    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: DWIGHT W BELL

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CHRM ( ) Delete  
Name: BELL, DWIGHT W  
Address: 1485 SW BOUGAINVILLEA AVE.  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: P ( ) Delete  
Name: BELL, DWIGHT W  
Address: 1485 SW BOUGAINVILLEA AVE.  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VCHR ( ) Delete  
Name: LAWRENCE, JOHN D  
Address: 1485 SW BOUGAINVILLEA AVE.  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: V (X) Delete  
Name: LAWRENCE, JOHN D  
Address: 1485 SW BOUGAINVILLEA AVE.  
City-St-Zip: PORT ST LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CHRM (X) Change ( ) Addition  
Name: BELL, DWIGHT W  
Address: 1835 N HIGHWAY A1A, UNIT 503  
City-St-Zip: INDIALANTIC, FL 32903

Title: P (X) Change ( ) Addition  
Name: BELL, DWIGHT W  
Address: 1835 N HIGHWAY A1A, UNIT 503  
City-St-Zip: INDIALANTIC, FL 32903

Title: VCHR (X) Change ( ) Addition  
Name: LAWRENCE, JOHN D  
Address: 7319 RESERVE CREEK DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN D LAWRENCE

VP

03/17/2009

Electronic Signature of Signing Officer or Director

Date