

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000374

FILED
Mar 17, 2009
Secretary of State

Entity Name: ST LUCIE LOTS OF GEORGIA, 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: 20-3060339

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

Title: S (X) Delete
Name: BROWN, CARMEN V
Address: 1862 NE CRABTREE TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: BROWN, CARMEN V
Address: 1862 NE CRABTREE TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

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

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