

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F24346

FILED  
Apr 20, 2004  
Secretary of State

**Entity Name:** THE REAL ESTATE CENTER OF PORT ST. LUCIE, INC.

**Current Principal Place of Business:**

201 SW PORT ST LUCIE BLVD  
107  
PORT SAINT LUCIE, FL 34984

**New Principal Place of Business:**

201 SW PORT ST LUCIE BLVD  
6  
PORT SAINT LUCIE, FL 34984

**Current Mailing Address:**

1046 SE BYWOOD AVE.  
PORT SAINT LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 59-2079496

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROVA, MARTHA ANN  
1046 BYWOOD AVENUE  
PORT ST. LUCIE, FL 34983 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: BROVA, MARTHA,  
Address: 1046 BYWOOD AVENUE  
City-St-Zip: PORT ST LUCIE, FL

Title: D (X) Delete  
Name: WOYCHECK, BETH  
Address: 1016 SE BYWOOD AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

Title: PRES (X) Change ( ) Addition  
Name: BROVA, MARTHA,  
Address: 1046 BYWOOD AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34983

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTHA ANN BROVA

PRES

04/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date