

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90021 023 \*\*\*158.75

**DOCUMENT # J42642**

1. Entity Name  
ST. LUCIE COUNTY INVESTMENT CORP.



Principal Place of Business  
5211 INTERNATIONAL DRIVE  
ORLANDO, FL 32819 US

Mailing Address  
5211 INTERNATIONAL DRIVE  
ORLANDO, FL 32819 US

**DO NOT WRITE IN THIS SPACE**



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2755148

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ESTEIN, LOTHAR  
5211 INTERNATIONAL DRIVE  
ORLANDO, FL 32819

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDT  
ESTEIN, LOTHAR  
5211 INTERNATIONAL DRIVE  
ORLANDO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
LUX, WALTER  
114 QUEEN CHRISTINA CT.  
FT. PIERCE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
PRAUSE, WALTER  
115 QUEEN CHRISTINA CT.  
FT. PIERCE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Lothar Estein **2/7/2006** **(407) 354-3307**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #