

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

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



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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, 2007 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

**DO NOT WRITE
IN THIS SPACE**

U000000720305
05/01/07-80098-022 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

Daytime Phone #