


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000016940		
1. Entity Name WEST ST. LUCIE FARMS COMPANY		
Principal Place of Business 14095 STATE ROAD 7 DELRAY BEACH, FL 33446		Mailing Address 14095 STATE ROAD 7 DELRAY BEACH, FL 33446
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PERO, ANGELA 14095 STATE RD 7 DELRAY BEACH, FL 33446		03172004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0984149 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000115707 04/16/04-80034-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	PERO, CHARLES	
STREET ADDRESS	14095 STATE ROAD 7	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	D	
NAME	PERO, PETER F IV	
STREET ADDRESS	14095 STATE ROAD 7	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	D	
NAME	PERO, FRANK F	
STREET ADDRESS	14095 STATE ROAD 7	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	D	
NAME	PERO, ANGELA	
STREET ADDRESS	14095 STATE ROAD 7	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Angela Pero Sec./TREAS. 4-14-04</u> 561-498-7533 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		