


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000090831</b> 1. Entity Name PORT ST. LUCIE OPERATING CORP.	
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Principal Place of Business 7300 OLEANDER AVE PORT ST LUCIE, FL 34952	Mailing Address 7300 OLEANDER AVE PORT ST LUCIE, FL 34952
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01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1515566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FICOCELLO, JOSEPH 7300 OLEANDER AVE PORT ST LUCIE, FL 34952
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retaking) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	P FICOCELLO, JOSEPH 7300 OLEANDER AVE PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DONOHOE, JUDITH 7300 OLEANDER AVE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOFFMAN, SCOTT H 22 HOLLAND AVE ALBANY, NY 12209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000383708  
01/13/06-80014-002 150.00

**DO NOT WRITE  
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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Joseph Ficoello, Pres.

1-10-06

772 464 5911

Date

Daytime Phone #