

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041567

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: PORT ST LUCIE SUPPORT COORDINATORS, INC.

**Current Principal Place of Business:**

C/O JOSE A. GARCIA  
6524 NW CHUGWATER CIR  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOSE A. GARCIA  
6524 NW CHUGWATER CIR  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 65-1095022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARCIA, JOSE  
6524 NW CHUGWATER CIR  
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: P ( ) Delete  
Name: GARCIA, JOSE  
Address: 6524 NW CHUGWATER CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSE GARCIA

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date