

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90029 021 \*\*\*150.00

**DOCUMENT # P01000069327**

1. Entity Name  
SMF OF ST. LUCIE COUNTY, INC.



Principal Place of Business  
603 NORTH INDIAN RIVER DRIVE SUITE 300  
FORT PIERCE, FL 34950

Mailing Address  
603 NORTH INDIAN RIVER DRIVE SUITE 300  
FORT PIERCE, FL 34950

**60007206**



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1127433**

Applied For  
Not Applicable

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

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

CAPOTE, BEATRIZ M  
799 BRICKELL PLAZA  
SUITE 700  
MIAMI, FL 33131

**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, 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	P
NAME	MATAKAETIS, MICHAEL J
STREET ADDRESS	4551 NE SPINNAKER PLACE
CITY - ST - ZIP	STUART, FL 34996
TITLE	VP
NAME	LASKARIS, SPIRO
STREET ADDRESS	5070 SCHOONER OAKS WAY
CITY - ST - ZIP	STUART, FL 34997
TITLE	T
NAME	FOGAL, CHRISTOPHER
STREET ADDRESS	102 NE CHARLESTON OAKS DRIVE
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

Date

Daytime Phone #

1-2406 772-219-0749