

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000075236

1. Entity Name
ST LUCIE LOTS, INC.



Principal Place of Business
725 S.E. PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34984

Mailing Address
361 SW MAJESTIC TERR.
PORT ST. LUCIE, FL 34984

DO NOT WRITE IN THIS SPACE

**FILED
Apr 22, 2005 8:00 am
Secretary of State**

04-22-2005 90290 025 ***150.00

20042276



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1143683	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

BELL, DWIGHT W
361 SW MAJESTIC TERR.
PORT ST. LUCIE, FL 34984

**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, 2005 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 BELL, DWIGHT W
STREET ADDRESS 361 SW MAJESTIC TERR.
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *RW*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05 772-871-1772
Date Daytime Phone #