

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000079757**

1. Entity Name

ST. LUCIE TRANSMISSION CENTER, INC.



Principal Place of Business

1602 S.E. VILLAGE GREEN DRIVE  
PORT ST. LUCIE FL 34952

Mailing Address

1602 S.E. VILLAGE GREEN DRIVE  
PORT ST. LUCIE FL 34952



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-1129463

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANIAK, PAUL V  
1602 S.E. VILLAGE GREEN DRIVE  
PORT ST. LUCIE FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete  
NAME JANIAK, PAUL V  
STREET ADDRESS 1602 S.E. VILLAGE GREEN DRIVE  
CITY- ST- ZIP PORT SAINT LUCIE FL 34952

TITLE ☐ Change ☐ Add  
NAME U000000446196  
STREET ADDRESS 03/08/06-80003-008 150.00  
CITY- ST- ZIP

TITLE VS ☐ Delete  
NAME JANIAK, KATHLEEN R  
STREET ADDRESS 1602 SE VILLAGE GREEN DRIVE  
CITY- ST- ZIP PORT SAINT LUCIE FL 34952

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Paul V Janiak* PAUL V JANIAK President 2-20-06 972 375 7994