


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000111054 1. Entity Name ST. LUCIE AG SERVICES, INC.	
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Principal Place of Business 3301 N. INDIAN RIVER DRIVE FORT PIERCE, FL 34946	Mailing Address P.O. BOX 12303 FORT PIERCE, FL 34979
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DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1154071	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 COPELAND, SUSAN LAWTON ESQ. C/O GUNSTER, YOAKLEY & STEWART, P.A. 800 SE MONTEREY COMMONS BLVD., SUITE 200 STUART, FL 34996	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COPELAND, SUSAN L 3301 N. INDIAN RIVER DR. FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGES, ROY A JR 4300 MCCARTY RD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEANY, AUDREY 851 CAMPBELL RD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
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: Audrey H. Beany Sec. Tr. 3/7/05 772-465-3380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #