

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000001129	
1. Entity Name ST. LUCIE FINANCIAL GROUP INC.	

Principal Place of Business 8410 BELFRY PLACE PORT SAINT LUCIE, FL 34986	Mailing Address 8410 BELFRY PLACE PORT SAINT LUCIE, FL 34986
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07262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 80-0019674	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FAGIANO, STEPHEN T 8410 BELFRY PLACE PORT S. LUCIE, FL 34986	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 _____ (NOTE: Registered Agent signature required when rechartering)

Signature typed or printed name of registered agent and title (if applicable) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FAGIANO, JANICE K 8410 BELFRY PLACE PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FAGIANO, STEPHEN T 8410 BELFRY PLACE PORT SAINT LUCIE, FL 34986
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/02/04-80009-006 150.00

**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)(f), 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: *Stephen T. FAGIANO* **STEPHEN T. FAGIANO** 7-28-04 772-359-1408

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