

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90118 026 \*\*\*150.00

**DOCUMENT # P02000081742**

1. Entity Name  
ST. LUCIE ROCK WATERFALLS, INC.



Principal Place of Business  
4775 NW GIMLET AVE  
PORT ST LUCIE, FL 34983

Mailing Address  
4775 NW GIMLET AVE  
PORT ST LUCIE, FL 34983

20041640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042005

Chg-P

CR2E034 (10/03)

4. FEI Number

22-3869043

Applied For

Not Applicable

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

CSEAK, ANN MARIE  
4775 NW GIMLET AVE.  
PORT ST LUCIE, FL 34983

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 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 CSEAK, THOMAS C SR  
STREET ADDRESS 4775 NW GIMLET AVE.  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 ☒ Delete

TITLE EXVP  
NAME CSEAK, ANN MARIE  
STREET ADDRESS 4775 NW GIMLET AVE.  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 ☐ Delete

TITLE VPC  
NAME CSEAK, THOMAS C JR.  
STREET ADDRESS 655 SW HEATHER STREET  
CITY-ST-ZIP PORT ST LUCIE, FL 34983 ☐ Delete

TITLE VPM  
NAME CSEAK, GENNIFER  
STREET ADDRESS 655 SW HEATHER STREET  
CITY-ST-ZIP PORT ST LUCIE, FL 34983 ☐ Delete

TITLE V  
NAME GALLERY, BRIAN  
STREET ADDRESS 2032 SW AMERICANA ST  
CITY-ST-ZIP PORT ST LUCIE, FL 34953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE President  
NAME Cseak, Thomas C Jr  
STREET ADDRESS 455 SW Heather St.  
CITY-ST-ZIP Port St. Lucie, FL 34983 ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/mo Phone #

*Ann M. Cseak*

4/4/05

772-528-1115