

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081742

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: ST. LUCIE ROCK WATERFALLS, INC.

## Current Principal Place of Business:

4775 NW GIMLET AVE  
PORT ST LUCIE, FL 34983

## New Principal Place of Business:

## Current Mailing Address:

4775 NW GIMLET AVE  
PORT ST LUCIE, FL 34983

## New Mailing Address:

FEI Number: 22-3869043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: EXVP ( ) Delete  
Name: CSEAK, ANN MARIE  
Address: 4775 NW GIMLET AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: P ( ) Delete  
Name: CSEAK, THOMAS C JR.  
Address: 655 SW HEATHER STREET  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VPM ( ) Delete  
Name: CSEAK, GENNIFER  
Address: 655 SW HEATHER STREET  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: V ( ) Delete  
Name: GALLERY, BRIAN  
Address: 2032 SW AMERICANA ST  
City-St-Zip: PORT ST LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN MARIE CSEAK

EXVP

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date