

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90007 010 ***150.00

DOCUMENT # P03000002455

1. Entity Name
ST. LUCIE REAL ESTATE COMPANY



Principal Place of Business Mailing Address

19164 WATERWAY ROAD **19164 WATERWAY ROAD**
TEQUESTA, FL 33469 **TEQUESTA, FL 33469**

2. Principal Place of Business 3. Mailing Address

3204 Ohio Ave. Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Ft. Pierce, FL **Tequesta, FL**

Zip Country Zip Country

34947 **USA** **33469** **USA**



01232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

WHITMIRE, DRENNEN L. JR.
THREE GOLDEN BEAR PLAZA, STE. 300
11780 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

4. FEI Number Applied For

55-0815846 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name: **Robert McIntyre, Jr.**

Street Address (P.O. Box Number is Not Acceptable): **19164 Waterway Road**

City: **Tequesta** State: **FL** Zip Code: **33469**

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: *Robert McIntyre, Jr.* DATE: **4-9-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, ROBERT JR.	NAME	
STREET ADDRESS	19164 WATERWAY ROAD	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 filers empowered.

SIGNATURE: *Robert McIntyre, Jr.* Robert McIntyre, Jr. DATE: **4-9-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **561-747-1194**