

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90004 042 \*\*\*150.00

**DOCUMENT # P03000017216**

1. Entity Name

SAINT LUCIE INVESTMENT INC



Principal Place of Business

Mailing Address

~~2238, N. CYPRESS BEND DR~~  
~~701~~  
~~POMPANO BEACH FL 33069~~

~~2238, N. CYPRESS BEND DR~~  
~~701~~  
~~POMPANO BEACH FL 33069~~

2. Principal Place of Business

3100 S.E. PRUITT ROAD

Suite, Apt. #, etc.

G/302

3. Mailing Address

3100 S.E. PRUITT ROAD

Suite, Apt. #, etc.

G/302

City & State

PORT ST. LUCIE - FL.

City & State

PORT ST. LUCIE - FL.

4. FEI Number

04-3140899

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

MENARD, GILLES J

~~2238, N. CYPRESS BEND DR~~

~~701~~

~~POMPANO BEACH FL 33069~~

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MENARD, GILLES J  
STREET ADDRESS ~~2238, N. CYPRESS BEND DR.~~  
CITY-ST-ZIP ~~POMPANO BEACH, FL 33069~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME MENARD GILLES J.  
STREET ADDRESS 3100 SE PRUITT ROAD, G/302  
CITY-ST-ZIP PORT ST. LUCIE, FL. 34952

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILLES J. MENARD

Date

Daytime Phone #

APR 5/04 (954) 815-6021