

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90413 041 ***150.00

DOCUMENT # P04000023571

1. Entity Name
ST. LUCIE MOBILE HOLDINGS, INC.



Principal Place of Business
4512 NORTH FLAGLER DRIVE
SUITE 201
WEST PALM BEACH, FL 33407

Mailing Address
4512 NORTH FLAGLER DRIVE
SUITE 201
WEST PALM BEACH, FL 33407

00000110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-0691376

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAY, MARK R
4512 NORTH FLAGLER DRIVE
SUITE 201
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name

Hillary Golden Esq.

Street Address (P.O. Box Number is Not Acceptable)

4512 N. FLAGLER DR, SK 201 A

City

W. PALM BEACH

FL

Zip Code
33407

8. The above named party 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 (signatures) _____

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

3/29/06.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 P ☐ Delete
NAME MAY, MARK R
STREET ADDRESS 4512 NORTH FLAGLER DR. SUITE 201
CITY- ST- ZIP WEST PALM BEACH, FL 33407

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

TITLE V ☐ Delete
NAME KAROSAS, MICHAEL
STREET ADDRESS 4512 NORTH FLAGLER DR. SUITE 201
CITY- ST- ZIP WEST PALM BEACH, FL 33407

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 exemptions contained 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 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

3/29/06 (561) 835-1790

Date

Daytime Phone #