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Mar 14, 2005 8:00 am
Secretary of State

02-14-2005 90042 049 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

2/1

DOCUMENT # P04000063344					
1. Entity Name ST. LUCIE PROPERTIES HOLDINGS, INC.					
Principal Place of Business 1837 NW TREASURE POINT STUART, FL 34994		Mailing Address 1837 NW TREASURE POINT STUART, FL 34994			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0866109	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETRILLO, DANIEL 1837 NW TREASURE POINT STUART, FL 34994				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when re-registering) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	PETRILLO, DANIEL	NAME			
STREET ADDRESS	1837 NW TREASURE POINT	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BROIDY, EDWARD	NAME			
STREET ADDRESS	45 BROIDY LANE	STREET ADDRESS			
CITY-ST-ZIP	SOUTHAMPTON, NY 11968	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 like empowered.					
SIGNATURE: <u>Daniel Petrillo, director</u>				Date: <u>2/11/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	