

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169073

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: GEM INVESTMENTS OF PORT ST. LUCIE, INC.

## Current Principal Place of Business:

1091 SW BAYSHORE BLVD.  
PORT ST. LUCIE, FL 34983

## New Principal Place of Business:

## Current Mailing Address:

5475 NW ST JAMES DR  
111  
PORT ST. LUCIE, FL 34983

## New Mailing Address:

FEI Number: 05-0613534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARBER, SUSAN  
1091 SW BAYSHORE BLVD.  
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: P ( ) Delete  
Name: BARBER, SUSAN  
Address: 1091 SW BAYSHORE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: V ( ) Delete  
Name: BENINATI, LOUIS  
Address: 1091 SW BAYSHORE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BARBER, SUSAN  
Address: 1321 LONE PINE DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: V (X) Change ( ) Addition  
Name: BENINATI, LOUIS  
Address: 1321 LONE PINE DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN BARBER

P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date