

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90416 029 \*\*\*150.00

**DOCUMENT # P05000013534**

1. Entity Name  
**ST. LUCIE ACQUISITIONS, INC.**



Principal Place of Business  
**2768 NE COLD SPRING DRIVE  
JENSEN BEACH, FL 34957**

Mailing Address  
**2768 NE COLD SPRING DRIVE  
JENSEN BEACH, FL 34957**

**50013046**

2. Principal Place of Business  
**6010 45th Place**  
Suite, Apt. #, etc.

3. Mailing Address  
**6010 45th Place**  
Suite, Apt. #, etc.



03252006 Chg-P CR2E034 (11/05)

City & State  
**Vero Beach, FL**  
Zip **32967** Country **USA**

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**Vero Beach, FL**  
Zip **32967** Country **USA**

4. FEI Number **38-3714955** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAHAL, ROBERT F  
1512 BERKSHIRE BOULEVARD  
PORT ST. LUCIE, FL 34952**

7. Name and Address of New Registered Agent

Name **Robert F. Rahal**  
Street Address (P.O. Box Number is Not Acceptable)  
**6010 45th Place**  
City **Vero Beach FL** Zip Code **32967**

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 F. Rahal*

**4/11/06**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES RAHAL, VINCENT A 2768 NE COLD SPRING DRIVE JENSEN BEACH, FL 34957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RAHAL, ROBERT F 1512 BERKSHIRE BOULEVARD PORT ST. LUCIE, FL 34952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA RAHAL, BRYAN C P.O. BOX 690685 VERO BEACH, FL 32969</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Rahal, Robert F 6010 45th Place Vero Beach, FL 32967</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*Robert F. Rahal*

Date

Daytime Phone #

**4/11/06 (772) 834-7722**