

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

CERT. MAIL 3/19/04

FILED 4 0532
7 Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000012162 1. Entity Name MARTIN COUNTY PARK OF COMMERCE, INC.	
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Principal Place of Business
3446 SW ARMELINI AVENUE
PALM CITY, FL 34991

Mailing Address
3446 SW ARMELINI AVENUE
PALM CITY, FL 34991



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0637580	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NICHOLASON, JOHN J.
3446 SW ARMELINI AVE
PALM CITY, FL 34990

**DO NOT WRITE
IN THIS SPACE**

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**

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

00000096004
03/25/04-80012-007 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMELLINI, JULIO 541 SW FALCON ST PALM CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POST, ROBERT M. JR. 61 SE HARBOR POINT DR STAURT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: J. Armellini 3/17/04 772 287 0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #