

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000012162**

1. Entity Name  
MARTIN COUNTY PARK OF COMMERCE, INC.



Principal Place of Business  
3446 SW ARMELINI AVENUE  
PALM CITY, FL 34991

Mailing Address  
3446 SW ARMELINI AVENUE  
PALM CITY, FL 34991



03222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0637580

Applied For  
Not Applicable

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ARMELINI, JULIO  
STREET ADDRESS 541 SW FALCON ST  
CITY-ST-ZIP PALM CITY, FL

TITLE STD  
NAME POST, ROBERT M. JR.  
STREET ADDRESS 61 SE HARBOR POINT DR  
CITY-ST-ZIP 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

**DO NOT WRITE  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Armellini

Date

3/29/05

Daytime Phone #

7722870575