




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000055365			
1. Entity Name ST. LUCIE ARCADE COMPANY			
Principal Place of Business 7137 S US HWY 1 PORT ST LUCIE, FL 34952 US		Mailing Address 7135 S US HWY 1 PORT ST LUCIE, FL 34952 US	
DO NOT WRITE IN THIS SPACE			
		01282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0679652	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRESOR CORPORATION 7135 S US HWY 1 PORT ST LUCIE, FL 34952		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000116106 04/16/04-80051-003 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TD CHAPLIN, RALPH 7135 S US HWY 1 PORT ST LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PS CHAPIN, GABRIELE 7135 S US HWY 1 PORT ST LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS 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: 		RALPH CHAPLIN, TREAS. 12 APR 04 772-340-0477	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	