

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90146 001 ***600.00

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**

66000528



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0679652

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRESOR CORPORATION
7135 S US HWY 1
PORT ST LUCIE, FL 34952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☒ Delete
NAME ~~CHAPLIN, RALPH~~
STREET ADDRESS **7135 S US HWY 1**
CITY-ST-ZIP **PORT ST LUCIE, FL 34952**

TITLE **PSTD** ☐ Change ☒ Addition
NAME **Fauot, Michael**
STREET ADDRESS **8205 Wintergarden Parkway**
CITY-ST-ZIP **Ft. Pierce FL 34951**

TITLE **PS** ☒ Delete
NAME ~~CHAPIN, GABRIELE~~
STREET ADDRESS **7135 S US HWY 1**
CITY-ST-ZIP **PORT ST LUCIE, FL 34952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael G. Fauot, Pres

Date

1-10-06

Daytime Phone #

772-528-2076