

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90324 015 ***150.00

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1. Entity Name

PORT ST. LUCIE VENTURES, INC.



Principal Place of Business

1701 GULFSTREAM AVENUE, #729
FT. PIERCE, FL 34949

Mailing Address

MID-FLORIDA RAD ONE
4400 COUNTRY CLUB DRIVE
DICKINSON, TX 77539 US

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0727940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODY, RONALD W M.D.
1701 GULFSTREAM AVENUE, #729
FT. PIERCE, FL 34949

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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	PSTD
NAME	WOODY, RONALD H. M.D.
STREET ADDRESS	1701 GULFSTREAM AVENUE, #729
CITY-ST-ZIP	FT. PIERCE, FL 34949
TITLE	VPF
NAME	HILL, JOHN
STREET ADDRESS	4400 COUNTRY CLUB DRIVE
CITY-ST-ZIP	DICKINSON, TX 77539
TITLE	D
NAME	HARTER, DAVID J. MD
STREET ADDRESS	4811 S.W. THISTLE TERR.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	KRIMSLEY, ALAN S. MD
STREET ADDRESS	408 S.W. MAGNOLIA COVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986
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)(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

Ronald H. Woody

4/22/05

Date

(281) 337-3423

Daytime Phone #