

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90040 038 ***150.00

DOCUMENT # P97000005212

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**

60033231



03192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
1780 SE HILMOOR DR.

3. Mailing Address
Suite, Apt. #, etc.

City & State
PORT ST. LUCIE, FL

City & State

4. FEI Number
65-0727940

Applied For
Not Applicable

Zip
34986

Country
USA

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

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

Name
RONALD WOODY, MD

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

7210 RESERVE CREEK DR.

City **PORT ST. LUCIE** FL Zip Code **34986**

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, 2007 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
WOODY, RONALD H. M.D.
1701 GULFSTREAM AVENUE, #729
FT. PIERCE, FL 34949** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
RONALD H. WOODY
7210 RESERVE CREEK DR.
PORT ST. LUCIE, FL 34986** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPF
HILL, JOHN
4400 COUNTRY CLUB DRIVE
DICKINSON, TX 77539** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARTER, DAVID J MD
4811 S.W. THISTLE TERR
PALM CITY, FL 34990** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRIMSLEY, ALAN S MD
408 SW MAGNOLIA COVE
PORT SAINT LUCIE, FL 34986** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07 201-331-3423

Date

Daytime Phone