

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90004 025 \*\*\*150.00

**DOCUMENT # P97000005212**

1. Entity Name  
PORT ST. LUCIE VENTURES, INC.



Principal Place of Business  
1780 SE HILMOOR DR  
PORT SAINT LUCIE, FL 34986

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

**DO NOT WRITE IN THIS SPACE**



07072008 No Chg-P CR2E034 (11/05)

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.  
7210 RESERVE CREEK DR  
PORT SAINT LUCIE, FL 34986

**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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
WOODY, RONALD H. M.D.  
7210 RESERVE CREEK DR  
PORT SAINT LUCIE, FL 34986

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

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

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

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 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

8/11/08

Date

281-337-3423

Daytime Phone #