


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000110092 1. Entity Name ST. CLAIR OF VERO BEACH, INC.	
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Principal Place of Business 2205 N. SOUTHWINDS #307 VERO BEACH, FL 32963	Mailing Address 979 BEACHLAND BLVD. VERO BEACH, FL 32963
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01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0968956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  FENNELL, TODD W 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

U00000031052  
02/04/04-80134-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALOG, JAMES 2205 N. SOUTHWINDS #307 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALOG, ALVINA B 2205 N. SOUTHWINDS #307 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OVP FENNELL, TODD W 979 BEACHLAND BLVD. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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

Date: 1/15/04 Daytime Phone #