DOCUMENT # 337882						Jan 27, 2004 8:00 am Secretary of State 01-27-2004 90001 046 ***150.00		e
TREASUF	RE COAST	rustproofin	G, INC.			01-27-2004 90001 04	46 ***150.00	
Principal Plac	e of Business	3	Mailing Address	I				
11036 EASTWOOD DR ORLANDO FL 32817-3402 US		11036 EASTWOOD DR ORLANDO FL 32817-3402 US			44004	533	11 00 1 37 10 0 1	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address						
		<u></u>	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & Stat	te		City & State			4. FEI Number 59-1214896		Applied For Not Applicabl
Zip		Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				Nar	me	7. Name and Address of New Register		
CLARK, JACK D 425 9TH CT. VERO BEACH FL 32962			Street		eet Address (P	ess (P.O. Box Number is Not Acceptable)		
				City			Zip Cod	<u>_</u>
				City	y		FL Zip Cod	e
the obligat SIGNATURE F	Signature. typed	ered agent. or printed name of registered ag I! FEE IS \$150.00 D4 Fee will be \$550.0	gent and title if applicable. (M	its registered offic		ed agent, or both, in the State of Florida. I when reinstating) DA g. Election Campaign Financing Trust Fund Contribution.	ATE\$5.0	IO May Be d to Fees
the obligat SIGNATURE F Afte Make Check 10.	tions of regist Signature, typed FILE: NOW! Fr. May 1, 200 k. Payable to	ered agent. or printed name of registered ag I! FEE IS \$150.00 P4 Fee will be \$550.0 5 Florida Department	vent and ive if applicable. (f 00 1 of State ND DIRECTORS	NOTE: Registered Agent		when reinstating) DA	ATE \$5.0	IO May Be d to Fees
the obligat SIGNATURE Afte Make Checi 10. IIILE	Signature. typed	ered agent. or printed name of registered ag II FEE IS \$150.00% D4 Fee will be \$550.0 D5 Florida Department OFFICERS Af	pent and bills if applicable. () 00 t of State	NOTE: Registered Agent		when reinstating) DA 9. Election Campaign Financing Trust Fund Contribution.	ATE \$5.0	IO May Be d to Fees
the obligat SIGNATURE Afte Make Check 10. ITILE NAME STREET ADDRESS	Signature: typed FILE: NOW !! or: May 1, 200 k Payable to D LARSON, T	ered agent. or printed name of registered ag 11 FEE IS \$150.00% 04 Fee will be \$550.0 o Florida Department OFFICERS AN HOMAS C STWOOD DR.	vent and ivite if applicable. (* 00 1 of State ND DIRECTORS Delete	NOTE: Registered Agent : 11. TMLE	signáturé required i	when reinstating) DA 9. Election Campaign Financing Trust Fund Contribution.	ATE \$5.0	IO May Be d to Fees
the obligat SIGNATURE Afte Make Check 10. 10. 11. STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed Signature, typed FILE: NOW !! Sr. May, 1, 200 k Payable to LARSON, T 11036 EAS ORLANDO STD	ered agent. or printed name of registered ag 1! FEE IS \$150.00 of Fee will be \$550.0 o Florida Department OFFICERS AR HOMAS C STWOOD DR. 0 FL 32817-346	vent and ivite if applicable. (* 00 1 of State ND DIRECTORS Delete	NOTE: Registered Agent 11. TITLE NAME STREET ADDR - CITY-ST-ZIP TITLE	signáturé required i	when reinstating) DA 9. Election Campaign Financing Trust Fund Contribution.	ATE \$5.0	IO May Be d to Fees S IN 11 Additio
the obligat SIGNATURE Afte Make Check 10. 10. 111LE NAME STREET ADORESS STREET ADORESS	Signature, typed Signature, typed FILE: NOW !! Sr. May 1, 200 k Payable to k Payable to LARSON,T 11036 EAS ORLANDO STD CLARK,JA 425 9TH C	ered agent. or printed name of registered ag 11 FEE IS \$150.00 of Fee will be \$550.0 o Florida Department OFFICERS AR HOMAS C STWOOD DR. 0 FL 32817-346 CK D	vent and title if applicable. (f 00 1 of State ND DIRECTORS Delete	NOTE: Registered Agent 11. TITLE NAME STREET ADDR - CITY-ST-ZIP	RESS	when reinstating) DA 9. Election Campaign Financing Trust Fund Contribution.	ATE	IO May Be d to Fees
the obligat SIGNATURE Afte Make Checi 10. ITILE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	Signature, typed Signature, typed FILE: NOW !! Sr. May 1, 200 k Payable to k Payable to LARSON,T 11036 EAS ORLANDO STD CLARK,JA 425 9TH C	ered agent. or printed name of registered ag 1! FEE IS \$150.00 of Fee will be \$550.0 o Florida Department OFFICERS AI HOMAS C STWOOD DR. 0 FL 32 817- \$46 CK D T.	vent and title if applicable. (f 00 1 of State ND DIRECTORS Delete	II. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE TITLE TITLE	RESS	when reinstating) DA 9. Election Campaign Financing Trust Fund Contribution.	ATE	IO May Be d to Fees S IN 11 Additio
the obligat SIGNATURE Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed Signature, typed FILE: NOW !! Sr. May 1, 200 k Payable to k Payable to LARSON,T 11036 EAS ORLANDO STD CLARK,JA 425 9TH C	ered agent. or printed name of registered ag 1! FEE IS \$150.00 of Fee will be \$550.0 o Florida Department OFFICERS AI HOMAS C STWOOD DR. 0 FL 32 817- \$46 CK D T.	eent and tide if applicable. (f 00 t of State ND DIRECTORS Delete 22 Delete	II. TITLE STREET ADDR CITY-ST-ZIP CITY-ST-ZIP	RESS RESS RESS	when reinstating) DA 9. Election Campaign Financing Trust Fund Contribution.	ATE	0 May Be d to Fees S IN 11 Additio
the obligat SIGNATURE Afte Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Signature, typed Signature, typed FILE: NOW !! Sr. May 1, 200 k Payable to k Payable to LARSON,T 11036 EAS ORLANDO STD CLARK,JA 425 9TH C	ered agent. or printed name of registered ag 1! FEE IS \$150.00 of Fee will be \$550.0 o Florida Department OFFICERS AI HOMAS C STWOOD DR. 0 FL 32 817- \$46 CK D T.	eent and tide if applicable. (f 00 t of State ND DIRECTORS Delete 22 Delete	II. III. III. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR	RESS RESS RESS	when reinstating) DA 9. Election Campaign Financing Trust Fund Contribution.	ATE	D May Be d to Fees S IN 11 Additio
the obligat SIGNATURE Afte Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CLARK,JA CLARK,JA CLARK,JA	ered agent. or printed name of registered ag 1! FEE IS \$150.00 of Fee will be \$550.0 o Florida Department OFFICERS AI HOMAS C STWOOD DR. 0 FL 32 817- \$46 CK D T.	Pent and tide if applicable. (*	II. III III II II II II II II II II II II	RESS RESS RESS RESS	when reinstating) DA 9. Election Campaign Financing Trust Fund Contribution.	ATE	D May Be d to Fees S IN 11 Additio
the obligat SIGNATURE Afte Make Check 10. 11. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	CLARK,JA CLARK,JA CLARK,JA	ered agent. or printed name of registered ag 1! FEE IS \$150.00 of Fee will be \$550.0 o Florida Department OFFICERS AI HOMAS C STWOOD DR. 0 FL 32 817- \$46 CK D T.	yent and title if applicable. (* 00 1 of State ND DIRECTORS Delete 22 Delete Delete	NOTE: Registered Agent 11. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR STREET ADDR STREET ADDR	RESS RESS RESS RESS	when reinstating) DA 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS	ATE	D May Be d to Fees S IN 11 Additio
the obligat SIGNATURE Afte Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed Signature, typed TILE: NOW! Payable to Payable to CLARSON,T 11036 EAS ORLANDO STD CLARK,JA 425 9TH C VERO BEA	ered agent. or printed name of registered ag 1! FEE IS \$150.00 of Fee will be \$550.0 o Florida Department OFFICERS AI HOMAS C STWOOD DR. 0 FL 32 817- \$46 CK D T.	Pent and tide if applicable. (*	NOTE: Registered Agent 11. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE	RESS RESS RESS RESS RESS	when reinstating) DA 9. Election Campaign Financing Trust Fund Contribution.	ATE	D May Be d to Fees S IN 11 Additio
the obligat SIGNATURE Afte Make Check IO. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed FILE NOW !! FILE NOW !! F	ered agent. or printed name of registered ag II FEE IS \$150.00 in D4 Fee will be \$550.0 o Florida Department OFFICERS AT HOMAS C STWOOD DR. OFL 32817-346 CK D CK D CK D CK D CK D	Pent and tide if applicable. (*	NOTE: Registered Agent 11. TITLE NAME STREET ADDF CITY-ST-ZIP TITLE NAME STREET ADDF CITY-ST-ZIP TITLE NAME STREET ADDF CITY-ST-ZIP TITLE NAME STREET ADDF CITY-ST-ZIP TITLE NAME STREET ADDF CITY-ST-ZIP TITLE NAME	RESS RESS RESS RESS RESS	when reinstating) DA 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS	ATE	D May Be d to Fees S IN 11 Additio
the obligat SIGNATURE F Afte	Signature, typed Signature, typed FILE NOW! Payable to Payable	ered agent. or printed name of registered ag 1! FEE IS \$150.00 of Fee will be \$550.0 o Florida Department OFFICERS AI HOMAS C STWOOD DR. 0 FL 32 817- \$46 CK D T.	yent and tide if applicable. (f 1 of State ND DIRECTORS Delete 22 Delete Delete Delete Delete	NOTE: Registered Agent 11. TITLE NAME STREET ADDF CITY-ST-ZIP TITLE NAME STREET ADDF CITY-ST-ZIP TITLE NAME STREET ADDF CITY-ST-ZIP TITLE NAME STREET ADDF CITY-ST-ZIP TITLE NAME STREET ADDF CITY-ST-ZIP	RESS RESS RESS RESS RESS	when reinstating) DA 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS	ATE AND DIRECTOR Change Change Change Change Change Change	D May Be d to Fees S IN 11 Additio