2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 680461

HALL, JANELLE S

410 LOGAN PL. APT. 24

NEWPORT NEWS, VA 23601

Name:

Address:

City-St-Zip:

FILED Jan 15, 2005 Secretary of State

Entity Nam	ne: TREASUF	RES OF THE SEA, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
RT 60, BLD		POTTERY US				
LIGHTFOOT, VA 23090 US Current Mailing Address:				New Mailing Address:		
P.O BOX 29 LIGHTFOO	96 T, VA 23090	US				
FEI Number:	59-2044952	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ANDERSON, JAMES E. 1675 MARS ST. MERITT ISLAND, FL 32953 US				KEPLER, CHANEE S 931 CROTON RD CELEBRATION, FL 34747 US		
The above in the State		submits this statement for the p	ourpose c	of changing it	ts registere	ed office or registered agent, or both,
SIGNATURE: CHANEE S. KEPLER				01/15/2005		
Electronic Signature of Registered Agent						Date
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VSD () HALL, JULIET A 138 RIVERVIEV WILLIAMSBURG	V PLANTATION		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	PTD () HALL, GARY A, 138 RIVERVIEV WILLIAMSBURG			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	HALL, CHANEE	V PLANTATION DR		Title: Name: Address: City-St-Zip:		() Change () Addition
Title:	D ()	Delete		Title:	D	(X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

HALL, JANELLÉ S

NEWPORT NEWS, VA 23606

3 AUTRY PL

SIGNATURE: JULIET A. HALL VSD 01/15/2005