

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # F93000003856

1. Entity Name

TREASURE COAST MOTOR SALES, INC.



Principal Place of Business

5101 SE FEDERAL HWY
STUART, FL 34997 US

Mailing Address

5101 SE FEDERAL HWY
STUART, FL 34997 US



01122005

No Chg-P

CR2E034 (10/03)

4. FEI Number
65-0428999

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WOODS, SANFORD
STREET ADDRESS 5101 SE FEDERAL HIGHWAY
CITY-ST-ZIP STUART, FL

TITLE VPD
NAME PIERSON, JOHN
STREET ADDRESS 5101 SE FEDERAL HIGHWAY
CITY-ST-ZIP STUART, FL

TITLE ST
NAME ADAMS, BARBARA
STREET ADDRESS 5101 SE FEDERAL HIGHWAY
CITY-ST-ZIP STUART, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000001184132
01/20/05-80018-023 158.75

**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 667, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Pierson

Date

1/12/05 772-283-8300

Daytime Phone #