

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92475

FILED
Mar 17, 2009
Secretary of State

Entity Name: TREASURE COAST MOVING & STORAGE, INC.

Current Principal Place of Business:

% STEPHEN C. STROMAK
4400 METZGER ROAD
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

% STEPHEN C. STROMAK
4400 METZGER ROAD
FORT PIERCE, FL 34947

New Mailing Address:

FEI Number: 59-2843702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROMAK, STEPHEN C.
4400 METZGER ROAD
FORT PIERCE, FL 33450 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: STROMAK, STEPHEN C.,
Address: 4400 METZGER RD.
City-St-Zip: FORT PIERCE, FL

Title: VSD () Delete
Name: STROMAK, RUTH A.,
Address: 4400 METZGER RD.
City-St-Zip: FORT PIERCE, FL

Title: S () Delete
Name: STROMAK, DANIEL
Address: 4400 METZGER RD.
City-St-Zip: FORT PIERCE, FL 34947

Title: T () Delete
Name: STROMAK, MARK
Address: 4400 METZGER
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: RUTH STROMAK

VP

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date