

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92475

FILED  
Mar 29, 2010  
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:**

4400 METZGER RD  
FORT PIERCE, FL 34947

**Current Mailing Address:**

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

**New Mailing Address:**

4400 METZGER RD  
FORT PIERCE, FL 34947

**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  
Name: STROMAK, STEPHEN C.  
Address: 4400 METZGER RD.  
City-St-Zip: FORT PIERCE, FL

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RUTH STROMAK

VP

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date