


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90070 043 ***150.00

DOCUMENT # J36236 1. Entity Name TREASURE COAST RESTAURANTS, INC.					
Principal Place of Business 608 S. PARROTT AVE. OKEECHOBEE, FL 34974			Mailing Address 608 S. PARROTT AVE. OKEECHOBEE, FL 34974		
2. Principal Place of Business <i>595 KENWOOD DR. SW</i>		3. Mailing Address <i>P.O. BOX 686</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>VERO BEACH, FL</i>		City & State <i>VERO BEACH, FL</i>		4. FEI Number 59-2741927	
Zip <i>32968</i>		Country <i>INDIAN RIVER</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32561</i>		Country <i>INDIAN RIVER</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, MITCHELL B. P.O. BOX 5335 VERO BEACH, FL 32961				7. Name and Address of New Registered Agent Name <i>SMITH, MITCHELL B</i> Street Address (P.O. Box Number is Not Acceptable) <i>595 KENWOOD DR. SW</i> City <i>VERO BEACH</i> FL Zip Code <i>32968</i>	
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: <i>Mitchell B. Smith</i> 4/5/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MITCHELL B. P O BOX 5335 VERO BEACH, FL 32961	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SMITH, JOYCE M. P O BOX 5335 VERO BEACH, FL 32961	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Mitchell B. Smith, Pres.</i>			4/5/05 772 299 9828		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		