

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90003 045 ***150.00

DOCUMENT # J74124

1. Entity Name

TREASURE COAST INC.



Principal Place of Business

4905 SE DIXIE HWY
SUITE # 102
PORT SALERNO FL 34992
US

Mailing Address

PO BOX 1220
PORT SALERNO FL 34992
US

2. Principal Place of Business

4580 SE Rody Pt Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

Zip

34997

Country

US

Zip

STUART FL

Country

US

4. FEI Number

59-2838485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MILLER, MICHAEL F.
5519 SE REEF WAY
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Michael F. Miller
Signature, typed or printed name of registered agent and title if applicable.

President Michael F. Miller 8-1-06
(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006**

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME MILLER, MICHAEL F.
STREET ADDRESS 5519 SE REEF WAY
CITY - ST - ZIP STUART FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Michael F. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #