2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L86743

1. Entity Name
TREU ENTERPRISES, INC.

Principal Place of Business	Mailing Address
345 BARBARA CIR BELLEAIR, FL 33756 US	TREU ENTERPRISES INC 345 BARBARA CIR BELLEAIR, FL 33756 US

04202005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3017232	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TREU, GREGORY A.
345 BARBARA CIR
BELLEAIR, FL 33756

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 reinstating)   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	PTD
NAME	TREU, GREGORY A.
STREET ADDRESS	345 BARBARA CIR
CITY-ST-ZIP	BELLEAIR, FL 337561072

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

0000000335431
04/27/05-80085-007 150.00

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CITY-ST-ZIP	

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: *Gregory A. Treu*   4/23/05   727-458-3110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #