



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90045 037 \*\*\*150.00

<b>DOCUMENT # L92420</b> 1. Entity Name <b>SUN TREASURE INVESTMENT GROUP, INCORPORATED</b>					
Principal Place of Business <b>1541 SE PORT ST LUCIE BLVD SUITE A PORT ST LUCIE, FL 34952</b>			Mailing Address <b>1541 SE PORT ST LUCIE BLVD SUITE A PORT ST LUCIE, FL 34952</b>		
2. Principal Place of Business <i>1591 SE Port St Lucie Blvd</i> Suite, Apt. #, etc. <i>Suite A</i> City & State <i>Port St Lucie</i> Zip <i>FL</i>		3. Mailing Address <i>1591 SE Port St Lucie Blvd</i> Suite, Apt. #, etc. <i>Suite A</i> City & State <i>Port St Lucie</i> Zip <i>FL</i>			
4. FEI Number <b>98-0112439</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02182004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>MECCA, JACK 1541 SE PORT ST LUCIE BLVD SUITE A PORT ST LUCIE, FL 34952</b>			7. Name and Address of New Registered Agent Name <i>Mecca, Jack</i> Street Address (P.O. Box Number is Not Acceptable) <i>1591 SE Port St Lucie Blvd.</i> <i>Suite A</i> City <i>Port St Lucie</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.			FL Zip Code <b>34952</b>		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if available (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MECCA, JACK 2022 SE ALLAMANDA DR PT ST LUCIE, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<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.					
<b>SIGNATURE:</b> <i>Jack Mecca</i> <i>Jack Mecca President 2/19/04 772 370-6020</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer's Phone #</small>					