


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N04000005053 1. Entity Name TREASURE CHOIRS, INC.	
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Principal Place of Business
4743 61ST CIRCLE
VERO BEACH, FL 32967

Mailing Address
4743 61ST CIRCLE
VERO BEACH, FL 32967



04232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1649204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARR, JULIA K
4743 61ST CIRCLE
VERO BEACH, FL 32967

**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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000553710
05/15/06-80062-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARR, JULIA K 4743 61ST CIRCLE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARR, GARY P 4743 61ST CIRCLE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARR, SEAN M 4743 61ST CIRCLE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 617, 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:  **4-25-06 772-562-0045**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #