

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006085

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: TREASURE COAST ENFORCERS INC.

## Current Principal Place of Business:

4696 SW NACKMAN TERRACE  
PORT ST LUCIE, FL 34953

## New Principal Place of Business:

662 SW LAKEHURST DR  
PORT ST LUCIE, FL 34983

## Current Mailing Address:

4696 SW NACKMAN TERRACE  
PORT ST LUCIE, FL 34953

## New Mailing Address:

662 SW LAKEHURST DR  
PORT ST LUCIE, FL 34983

FEI Number: 56-2669816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOHNSON, ROBERT E  
662 SW LAKEHURST DR  
PORT ST LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JOHNSON, ROBERT E  
Address: 1600 S. KANNER HWY #201  
City-St-Zip: STUART, FL 34994

Title: V ( ) Delete  
Name: MICHLIK, WILLIAM  
Address: 5093 SE TALL PINES WAY  
City-St-Zip: STUART, FL 34997

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JOHNSON, ROBERT E  
Address: 662 SW LAKEHURST DR  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: V (X) Change ( ) Addition  
Name: INDERLIN, ROBERT  
Address: 2700 SW SAN ANTONIO DR  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT JOHNSON

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date