


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90261 017 \*\*\*150.00

<b>DOCUMENT # P00000001007</b>	
<b>1. Entity Name</b> TAURUS ELECTRIC TREASURE COAST, INC.	

<b>Principal Place of Business</b> 12924 SE SUZANNE DRIVE HOBE SOUND, FL 33455	<b>Mailing Address</b> 12924 SE SUZANNE DRIVE HOBE SOUND, FL 33455
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01292004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0972625	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  DAMON, CONRAD ESQ WARD DAMON BEVERLY TITTLE & POSNER PA 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH, FL 33407
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<b>7. Name and Address of New Registered Agent</b>
Name <u>RIOUX, ALAIN</u>
Street Address (P.O. Box Number is Not Acceptable) <u>6303 BARBARA ST.</u>
City <u>JUPITER</u> FL <u>33458</u>

<b>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.</b>
SIGNATURE <u>ALAIN RIOUX, PRESIDENT</u> DATE <u>2/19/04</u>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIOUX, ALAIN 6303 BARBARA STREET JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAILIE-RIOUX, NANCY 6303 BARBARA ST. JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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: <u>ALAIN RIOUX</u> DATE <u>2/19/04</u> 772-545-3338	