

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000071778

1. Entity Name
CUSTOM THREADS OF THE TREASURE COAST, INC.



FILED
Aug 19, 2005 08:00 AM
Secretary of State

Principal Place of Business
2317 N.E. CENTER CIRCLE
JENSEN BEACH, FL 34957

Mailing Address
2317 N.E. CENTER CIRCLE
JENSEN BEACH, FL 34957



DO NOT WRITE IN THIS SPACE

08102005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1034112

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PECK, LILLIAN
2317 N.E. CENTER CIRCLE
JENSEN BEACH, FL 34957

**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 *Lillian Peck*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

August 11, 2005
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
OO
PECK, LILLIAN
2317 NE CENTER CIR.
JENSEN BEACH, FL 34957

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

000000376674
08/19/05-80001-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lillian Peck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 11, 2005
Date
334-3435
Daytime Phone #