

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90066 044 \*\*\*150.00

**DOCUMENT # P00000098803**

**1. Entity Name**

**57 TREASURY, INC.**



**Principal Place of Business**

**57 TREASURY ST.  
ST. AUGUSTINE FL 32084**

**Mailing Address**

**57 TREASURY ST.  
ST. AUGUSTINE FL 32084**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**59-3677136**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**STOETZEL, LENOR A  
349 JELLISON RD  
ST. AUGUSTINE FL 32080**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **STOETZEL, LENOR A**  
**STREET ADDRESS** **349 JELLISON RD.**  
**CITY - ST - ZIP** **ST. AUGUSTINE FL 32080**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **SUFALKO, KARIN**  
**STREET ADDRESS** **275 JELLISON ROAD**  
**CITY - ST - ZIP** **ST. AUGUSTINE FL 32080**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
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**STREET ADDRESS**  
**CITY - ST - ZIP**

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**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/04**  
Date

**904 827 1707**  
Daytime Phone #