2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2007

FILED
Jun 04, 2007 8:00 am
Secretary of State
06-04-2007 90011 042 ***150.00

DOCUMENT # P01000025381

1. Entity Name
EASY LIVING OF THE TREASURE COAST, INC.

Principal Place of Business
1500 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957

Mailing Address
1500 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957

2. Principal Place of Business — Suite, Apt # etc — City & State — Zip — Country

3. Mailing Address — Suite, Apt # etc — City & State — Zip — Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-1087764 — Applied For — Not Applicable

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

6. Name and Address of Current Registered Agent
CLARKE, JANE K
1500 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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

Field	Value	
TITLE	PSTD	☐ Delete
NAME	CLARKE, JANE K	
STREET ADDRESS	1990 S KANNER HWY S-201	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	☐ Delete
NAME	CLARKE, CAROLYN K	
STREET ADDRESS	C/O JANE CLARKE 1900 S KANNER HWY D-201	
CITY-ST-ZIP	STUART FL 34994	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Field	Value		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
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 exemptions contained in Section 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 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: Jane Clarke JANE K CLARKE 5-4-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Jane Clarke
772-334-3382

Fla Dept of State
Division of Corporations
Tallahassee, Fl. 32314

ATTACHMENT
H01119508
#P01000025381

5-24-07

Dear Sirs

I didnt receive the proper form to file this report in a timely manor.

I do not have a computer nor know how to use one, in fact they scare me.

Last year I received a post card which I returned to get a copy of the form. This year I never received a post card & never remembered until ~~today~~ that a form must be filed.

Please excuse the late file fee for me. I am a very small business & I can not truely afford the 150.- much less a late fee.

thank you.

Sincerely
Jane Clark