2010 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000025381

1. Entity Name

EASY LIVING OF THE TREASURE COAST, INC.

FILED
10 APR 29 PM 1:03
SECRETARY OF STATE

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 - No P.O. Box #
Suite, Apt #, etc.
City & State
Zip | Country

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

1st MOORE CR2E034 (10/07)

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 ______ Date ______

FILE NOW!!! FEE IS $150.00
After May 1, 2010 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

TITLE	PSTD	☐ Delete
NAME	CLARKE, JANE K	
STREET ADDRESS	1990 S KANNER HWY 9-201	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	☐ Delete
NAME	CLARKE, CAROLYN K	
STREET ADDRESS	C/O JANE CLARKE 1990 S KANNER HWY 9-201	
CITY-ST-ZIP	STUART FL 34994	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS	AW 4/30	
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 IN 11

Pd ch 1643 4-16-10

700179240137
04/30/10--01007--013 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119.07(1)(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: Jane K Clarke JANE K. CLARKE 4-22-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jane Clarke