


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90088 004 ***150.00

DOCUMENT # P01000078889	
1. Entity Name TREASURE COAST PUBLISHING, INC.	

Principal Place of Business 1308 NE BUSINESS PARK PLACE JENSEN BEACH FL 34957	Mailing Address 1308 NE BUSINESS PARK PLACE JENSEN BEACH FL 34957
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2. Principal Place of Business	3. Mailing Address 4267 NW FEDERAL HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc. #121
City & State	City & State JENSEN BCH, FL 34957
Zip	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 65-1135224	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STIERLIN, WILLIAM 1308 NE BUSINESS PARK PLACE JENSEN BEACH FL 34957	
7. Name and Address of New Registered Agent Name STIERLIN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 4267 NW FEDERAL HWY #121 City JENSEN BCH FL Zip Code 34957	

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 *William Stierlin* DATE 2/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete STIERLIN, WILLIAM 1308 NE BUSINESS PARK PLACE JENSEN BEACH FL 34957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STIERLIN, WILLIAM 4267 NW FEDERAL HWY #121 JENSEN BEACH, FL 34957
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
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

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: *William Stierlin* DATE 2/25/05 772-201-9082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR