

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 22, 2008 08:00 AM
Secretary of State**

DOCUMENT # P01000095989

**1. Entity Name
TREASURE COAST CONSULTANTS, INC.**



**Principal Place of Business
5346 NW RUGBY DR
PORT ST LUCIE, FL 34983**

**Mailing Address
5346 NW RUGBY DR
PORT ST LUCIE, FL 34983**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-1144371** **Applied For
Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOGAN, PATRICK B
5346 NW RUGBY DR
PORT ST LUCIE, FL 34983**

**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

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, 2008 Fee will be \$550.00**

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

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

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**P
HOGAN, ROXANNE A
5346 NW RUGBY DR
PORT ST LUCIE, FL 34983**

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

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

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

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

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Roxanne A Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08
Date

772-340-5867
Daytime Phone #