


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90031 036 ***150.00

DOCUMENT # P02000069485 1. Entity Name TREASURE COAST GOURMET SUBS, INC.					
Principal Place of Business 1111 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952			Mailing Address 4561 SW HAMMOCK CREEK DRIVE PALM CITY, FL 34990		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 1410 SEMANTH LANE Suite, Apt. #, etc.		
City & State _____			City & State Port St. Lucie FL		
Zip _____ Country _____			Zip 34983 Country USA		
6. Name and Address of Current Registered Agent BRILL, BETTY A 4561 SW HAMMOCK CREEK DR. PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name Deanne/William E. Jones Street Address (P.O. Box Number is Not Acceptable) 1410 SE MANTH LANE Port St. Lucie City Port St. Lucie FL Zip Code 34983		
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 <u><i>Deanne C. Jones</i></u> DATE <u>2/18/5</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BRILL, BETTY A 4561 SW HAMMOCK CREEK DR. PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM E. JONES 1410 SEMANTH LN. PORT ST LUCIE FL 34983	<input checked="" 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	S DEANNE C. JONES 1410 SEMANTH LN PORT ST LUCIE FL 34983	<input checked="" 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: <u><i>Deanne C. Jones</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/18/5</u> Daytime Phone # <u>772-337-3110</u>		

50017715



01222005 Chg-P CR2E034 (10/03)

4. FEI Number **41-2056461** Applied For ☐ Not Applicable ☐

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