

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000085883

1. Entity Name
TREASURE COAST REAL ESTATE, INC.



Principal Place of Business

3 HITCHING POST CIRCLE
TEQUESTA, FL 33469

Mailing Address

3 HITCHING POST CIRCLE
TEQUESTA, FL 33469



03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2371340

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LESBIREL, ALEXANDRA V
3 HITCHING POST CIRCLE
TEQUESTA, FL 33469

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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: ALEXANDRA V. LESBIREL Alexandra V. Lesbirel 3-23-05
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, 2005 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VS
NAME LESBIREL, ALEXANDRA V
STREET ADDRESS 3 HITCHING POST CIRCLE
CITY - ST - ZIP TEQUESTA, FL 33469

TITLE PT
NAME LESBIREL, WALTER L
STREET ADDRESS 3 HITCHING POST CIRCLE
CITY - ST - ZIP TEQUESTA, FL 33469

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03/26/05-80010-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: WALTER LESBIREL Walter Lesbirel 3-23-05 561-747-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #