


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000087770	
1. Entry Name TREASURE COAST AUTO REPAIRS, INC.	

Principal Place of Business 1806 SW BILTMORE ST PORT ST LUCIE, FL 34984	Mailing Address 1806 SW BILTMORE ST PORT ST LUCIE, FL 34984
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04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number 20-0001228	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

**MAZZONI, FRANK
1806 SW BILTMORE ST
PORT ST LUCIE, FL 34984**

DO NOT WRITE IN THIS SPACE

7. 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 _____
Signature, word or printed name of registered agent and US if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000117757 .04/19/04-80033-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZONI, FRANK 1806 SW BILTMORE ST PORT ST LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISORA, RENEE 1806 SW BILTMORE ST PORT ST LUCIE, FL 34984
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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: *Renée Disora* **4-15-04** **873-9471**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR