

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90009 011 \*\*\*150.00

<b>DOCUMENT # P03000000713</b>					
<b>1. Entity Name</b> TREASURE COAST SHELF CO., INC.					
<b>Principal Place of Business</b> 2164 SE ST. LUCIE BLVD. STUART, FL 34996			<b>Mailing Address</b> 2164 SE ST. LUCIE BLVD. STUART, FL 34996		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		<b>4. FEI Number</b> 71-0921069 <span style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01232004    Chg-P    CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  LORTON, RAY 2164 SE ST. LUCIE BLVD. STUART, FL 34996			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORTON, RAY 2164 SE ST. LUCIE BLVD. STUART, FL 34996	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LORTON, SHERRY 2164 SE ST. LUCIE BLVD. STUART, FL 34996	<input type="checkbox"/> Delete			
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					
<b>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.</b>					
<b>SIGNATURE:</b> <i>Sherry Lorton</i> <i>SHERRY LORTON, sec. treas.</i> 1/24/04    781-6696 <span style="float: right;">(772)</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					