


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90001 012 \*\*\*150.00

**DOCUMENT # P03000036490**

1. Entity Name  
**TREASURE COAST INVESTMENT PROPERTIES, INC.**




Principal Place of Business  
**2001 SURFSIDE DR  
 FT PIERCE, FL 34949**

Mailing Address  
**P O BOX 3026  
 FT PIERCE, FL 34948**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



05202005 Chg-P CR2E034 (10/03)

4. FEI Number  
**11-3685131**

Applied For  
 Not Applicable

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

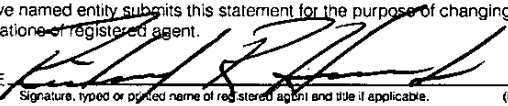
6. Name and Address of Current Registered Agent

**HURST, RICHARD R  
 2001 SURFSIDE DR  
 FT PIERCE, FL 34949**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2023 Mimosa Ave**  
 City **Ft Pierce** FL Zip Code **34949**

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:  **Richard R Hurst** **6/5/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
 Due by September 7, 2005**

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

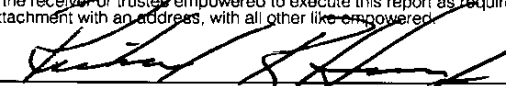
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HURST, RICHARD R	
STREET ADDRESS	P O BOX 3026	
CITY - ST - ZIP	FT PIERCE, FL 34948	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURST, JAMIE W	
STREET ADDRESS	P O BOX 3026	
CITY - ST - ZIP	FT PIERCE, FL 34948	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECK, CHARLES J	
STREET ADDRESS	P O BOX 3026	
CITY - ST - ZIP	FT. PIERCE, FL 34948	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECK, KATHLEEN	
STREET ADDRESS	P O BOX 3026	
CITY - ST - ZIP	FT PIERCE, FL 34948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:  **Richard R Hurst** **6/5/05** **772-465-5053**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

40087533



### Division of Corporations

### Annual Report

Document Number  
**P0300036490**

Business Entity Name

**TREASURE COAST INVESTMENT PROPERTIES, INC.**

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 113685131  
FEI Number Status  Applied For  Not Applicable  Current  
Certificate of Status Desired  Yes  No \$8.75 each  
Election Campaign Financing Trust Fund Contribution  Yes  No

#### Principal Place of Business

Address 2001 SURESIDE DR 2023 Mimoso Ave  
Suite, Apt. #, etc. \_\_\_\_\_  
City, State FT PIERCE, FL  
Zip Code & Country 34949 \_\_\_\_\_

#### Mailing Address

Address P O BOX 3026  
Suite, Apt. #, etc. \_\_\_\_\_  
City, State FT PIERCE, FL  
Zip Code & Country 34948 \_\_\_\_\_

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title) HURST, RICHARD, R, \_\_\_\_\_  
-or- RA Business Name \_\_\_\_\_  
Address 2001 SURFSIDE DR 2023 Mimoso Ave  
Suite, Apt. #, etc. \_\_\_\_\_  
City, State FT PIERCE, FL  
Zip Code & Country 34949 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Richard R Hurst*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

40087533

Officer/Director Name And Address

Title: D  
Name (Last, First, Middle, Title): HURST, RICHARD, R  
-or- Entity Name:  
Street Address: P O BOX 3026  
City, State: FT PIERCE, FL  
Zip Code & Country: 34948

Title: D  
Name (Last, First, Middle, Title): HURST, JAMIE, W  
-or- Entity Name:  
Street Address: P O BOX 3026  
City, State: FT PIERCE, FL  
Zip Code & Country: 34948

Title: D  
Name (Last, First, Middle, Title): BECK, CHARLES, J  
-or- Entity Name:  
Street Address: P O BOX 3026  
City, State: FT PIERCE, FL  
Zip Code & Country: 34948

Title: D  
Name (Last, First, Middle, Title): BECK, KATHLEEN  
-or- Entity Name:  
Street Address: P O BOX 3026  
City, State: FT PIERCE, FL  
Zip Code & Country: 34948

Title:  
Name (Last, First, Middle, Title):

-or- Entity Name

Street Address

City, State

Zip Code & Country

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Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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