
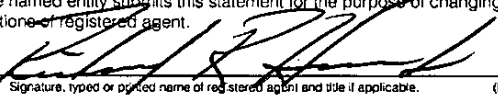
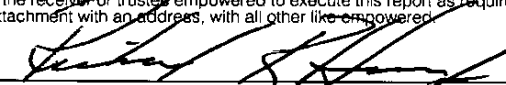


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3685131	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <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 \$550.00 Due by September 7, 2005		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	D HURST, RICHARD R P O BOX 3026 FT PIERCE, FL 34948	<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	D HURST, JAMIE W P O BOX 3026 FT PIERCE, FL 34948	<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	D BECK, CHARLES J P O BOX 3026 FT PIERCE, FL 34948	<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	D BECK, KATHLEEN P O BOX 3026 FT PIERCE, FL 34948	<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	<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	<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: 		Richard R Hurst 6/5/05		772-465-5053	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



Division of Corporations

Annual Report

Document Number

P03000036490

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 Mimosas 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 SURESIDE DR 2023 Mimosas 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

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

40087533

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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