


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90059 022 \*\*\*150.00

<b>DOCUMENT # P03000062892</b>	
1. Entity Name <b>BEACH DEVELOPMENT CORPORATION OF THE TREASURE COAST, INC.</b>	

Principal Place of Business <b>3961 SW PORT ST. LUCIE BLVD #117 PORT ST LUCIE, FL 34953</b>	Mailing Address <b>3961 SW PORT ST. LUCIE BLVD #117 PORT ST LUCIE, FL 34953</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**40065279**

**W**

BY: \_\_\_\_\_



01302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>80-0068641</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FLORIDA AGENT SERVICES, INC.</b> <b>92 SADBERRY ROAD</b> <b>QUINCY, FL 32351-0000</b>		Name <b>Albert B Moore</b> Street Address (P.O. Box Number is Not Acceptable) <b>718 SW Port St. Lucie Blvd #5</b> City <b>Port St Lucie</b> <b>FL</b> Zip Code <b>34953</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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>POLLIS, GEORGE M</b> <b>3961 SW PORT ST. LUCIE BLVD #117</b> <b>PORT ST. LUCIE, FL 34953</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN</b> <b>MARK HALL</b> <b>3961 SW Port St Lucie Blvd #117</b> <b>Port St. Lucie, FL 34953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained in Chapter 119, 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:  **4/3/07** **772-873-2427**  
 \_\_\_\_\_ Date Daytime Phone #