


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000086181**  
 1. Entity Name  
**TREASURE COAST PALMS CORPORATION**



Principal Place of Business      Mailing Address  
**393 MAYA ST.**                      **393 MAYA ST.**  
**LAKE MARY, FL 32746**              **LAKE MARY, FL 32746**



02262006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0525203**      Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent  
**SMITH, HAL G JR.**  
**393 MAYA ST.**  
**LAKE MARY, FL 32746**

**DO NOT WRITE IN THIS SPACE**

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: *Hal G Smith Jr.*      DATE: 4-19-06  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

100000523746  
 05/03/06-80085-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, HAL G III
STREET ADDRESS	393 MAYA ST.
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	V
NAME	SMITH, HAL G JR.
STREET ADDRESS	393 MAYA ST.
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Hal G Smith Jr.*    HAL G Smith    DATE: 4-19-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #