FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90414 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000101521

1. Entity Name
TREASURE COAST J-TACS, INC.

40059794

Principal Place of Business	Mailing Address
P.O. BOX 3161 FORT PIERCE, FL 34948	P.O. BOX 3161 FORT PIERCE, FL 34948

01032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4492 whisPERING Pines Ln	4492 Whispering Pines Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce, FL	City & State: Fort Pierce, FL
Zip: 34982 Country:	Zip: 34982 Country:

4. FEI Number: 20-0233122 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRAND, JAMES E
4492 WHISPERING [INES LANE
FORT PIERCE, FL 34982

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4492 whisPERING PINES LANE

City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP STRAND, JAMES E P.O. BOX 3161 FORT PIERCE, FL 34948	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] President 4/15/06 (772) 337-7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James E Strand