

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 05, 2004 8:00 am  
Secretary of State**

04-05-2004 90050 018 \*\*\*150.00

DOCUMENT # P03000107634

1. Entity Name  
TREASURE COAST TAX CONSULTANTS, INC.



Principal Place of Business  
P.O. BOX 590  
PALM CITY, FL 34991-0590

Mailing Address  
P.O. BOX 590  
PALM CITY, FL 34991-0590

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02052004 Chg-P CR2E034 (10/03)

4. FEI Number <i>20-0237917</i>	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALEXANDER, GARY D 1201 PETERS ROAD 1000 PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) <i>263 SW HATTERAS COURT</i>
	City <i>PALM CITY</i> FL Zip Code <i>34990</i>

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P.S ALEXANDER, GARY D P.O. BOX 590 PALM CITY, FL 349910590	<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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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: *Amy Alfaunt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*21504 772-288-2775*  
Date *21504* Daytime Phone # *772-288-2775*