2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000025397

TREASURE ISLAND CONDOMINIUM DEVELOPERS, INC.



FILED Aug 24, 2006 08:00 All Secretary of State

Principal Place of Business

Mailing Address

875 PASADENA AVENUE SOUTH ST PETERSBURG, FL 33707

875 PASADENA AVENUE SOUTH ST PETERSBURG, FL 33707



08102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0685678 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

POWELL, JOHN G 875 PASADENA AVENUE SOUTH

DO NOT WRITE

ST PETERSBURG, FL 33707			IN T	HIS 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
	LE NOW!!! FEE IS \$550.00 ue by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			
TITLE	Р		Note that we will be the second	
NAME	POWELL, JOHN G			
STREET ADDRESS	875 PASADENA AVENUE SOUTH			PRODUCTION OF LACTOR STATES
CITY-ST-ZIP	ST PETERSBURG, FL 33707			08/24/06-80002-014/558.75
TITLE	S/T			CONTRACTOR TO CONTRACT OF THE
NAME	POWELL, JOHN G JR.			
STREET ADDRESS	875 PASADENA AVENUE SOUTH			
CITY-ST-ZIP	ST PETERSBURG, FL 33707			
TITLE				
NAME				
STREET ADDRESS				NOT WRITE
CITY-ST-ZIP				
TITLE			ini:	THIS SPACE
NAME				
STREET ADDRESS				
CITY-ST-ZIP	•			
TITLE				
NAME			The Prize Calculation	
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME	[
STREET ADDRESS				
CITY-ST-7IP			到5、10种国际	

12. I hareby 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 all other like empowered.

SIGNATURE:

Jowell, John GJR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF