


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90223 024 \*\*\*150.00

<b>DOCUMENT # P04000027205</b>	
1. Entity Name <b>DOLLAR WEST OF THE TREASURE COAST, INC.</b>	

Principal Place of Business <b>894 SW ST LUCIE WEST BLVD PORT ST LUCIE FL 34986</b>	Mailing Address <b>681 SE WHITMORE DRIVE PORT ST LUCIE FL 34984</b>
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2. Principal Place of Business <b>894 SW ST Lucie West Blvd</b>	3. Mailing Address <b>681 SE Whitmore Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port ST Lucie FL</b>	City & State <b>Port ST Lucie FL</b>
Zip <b>34986</b>	Country <b>ST Lucie</b>
Zip <b>34984</b>	Country <b>ST Lucie</b>

6. Name and Address of Current Registered Agent <b>DIB, ROBERT 681 SE WHITMORE DRIVE PORT ST LUCIE FL 34981</b>	
7. Name and Address of New Registered Agent Name <b>Robert + Dib</b> Street Address (P.O. Box Number is Not Acceptable) <b>681 SE Whitmore Dr</b> City <b>Port ST Lucie FL FL</b> Zip Code <b>34984</b>	

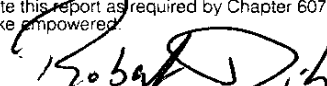
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	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	DP DIB, ROBERT 681 SE WHITMORE DRIVE PORT ST LUCIE FL 34984 <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	DV WEIER, ROSEMARY 681 SE WHITMORE DRIVE PORT ST LUCIE FL 34984 <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 Section 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:** **Robert + Dib**  **426-06 772-240-2913**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #