

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000027205

1. Entity Name

DOLLAR WEST OF THE TREASURE COAST, INC.



FILED

Sep 11, 2008 08:00 AM  
Secretary of State



1st MOORE

CR2E034 (10/07)

Principal Place of Business

894 SW ST LUCIE WEST BLVD  
PORT ST LUCIE FL 34986

Mailing Address

681 SE WHITMORE DRIVE  
PORT ST LUCIE FL 34984

2. Principal Place of Business - No P.O. Box #

894 SW ST Lucie West Blvd  
Suite, Apt. #, etc.

3. Mailing Address

681 SE Whitmore Dr  
Suite, Apt. #, etc.

City & State

Port ST Lucie FL 34986

Zip

34986

Country

ST Lucie

City & State

Port ST Lucie FL 34984

Zip

34984

Country

ST Lucie

4. FEI Number

54-2154394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIB, ROBERT  
681 SE WHITMORE DRIVE  
PORT ST LUCIE FL 34981

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Robert DIB

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when submitting a)

DATE

8-20-08

FILE NOW!!! FEE IS: \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME DIB, ROBERT  
STREET ADDRESS 681 SE WHITMORE DRIVE  
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE DV ☐ Delete  
NAME WEIER, ROSEMARY  
STREET ADDRESS 681 SE WHITMORE DRIVE  
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-08 777-871-0103

Date

Phone #