

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047211

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: TREASURE COAST MOBILITY, INC.

## Current Principal Place of Business:

1601 NW FEDERAL HWY.  
STUART, FL 34994

## New Principal Place of Business:

## Current Mailing Address:

1601 NW FEDERAL HWY.  
STUART, FL 34994

## New Mailing Address:

FEI Number: 20-0904915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BRECHBILL, MARK CPA  
215 S. FEDERAL HWY.  
SUITE 100  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SEXTON, RONALD L  
Address: 10970 SW FALL CREEK DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VPD (X) Delete  
Name: MOSCATO, JOHN A  
Address: 10941 SW FALL CREEK DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34987

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD L. SEXTON

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date