

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90003 007 ***150.00

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1. Entity Name

TREASURE COAST COATINGS, INC.



Principal Place of Business

1603-05 BILTMORE ST
PORT ST LUCIE FL 34953

Mailing Address

1603-05 BILTMORE ST
PORT ST LUCIE FL 34953



2. Principal Place of Business

2717 ORANGE AVE.
Suite, Apt. #, etc.

3. Mailing Address

2717 ORANGE AVE.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

FT. Pierce FLA.

City & State

FT. Pierce FLA.

4. FEI Number

67-0310885

Applied For

Not Applicable

Zip

34947

Country

ST. Lucie

Zip

34947

Country

ST. Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNSEITH, LISA
1603-05 BILTMORE ST
PORT ST LUCIE FL 34953

7. Name and Address of New Registered Agent

Name Leslie J. Adomaitis

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

2717 ORANGE AVE.

City

FT. Pierce

FL

Zip Code

34947

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

Leslie J. Adomaitis president - owner

2-14-06

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, 2006 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 PD ☐ Delete
NAME ADOMAITIS, LESLIE
STREET ADDRESS 1603-05 BILTMORE ST
CITY-ST-ZIP PORT ST LUCIE FL 34953

TITLE ☐ Delete
NAME Adomaitis Leslie
STREET ADDRESS 2717 ORANGE AVE.
CITY-ST-ZIP FT. Pierce FLA. 34947

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 Just Street
STREET ADDRESS 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Leslie J. Adomaitis president - owner 2-14-06 1-772-201-0268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cell