

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90157 050 \*\*\*150.00

DOCUMENT # P04000065408

1. Entity Name

TREASURE COAST MILLWORKS, INC.



Principal Place of Business

651 MURPHY ROAD  
WINTER SPRINGS FL 32708  
US

Mailing Address

C/O LOUIS J. CLAPS, C.P.A.  
10100 W. SAMPLE ROAD, STE. 327  
CORAL SPRINGS FL 33065  
US

2. Principal Place of Business

1682 S.E. SOUTH NIEMEYER CIR

3. Mailing Address

1682 S.E. SOUTH NIEMEYER CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

City & State

PORT ST LUCIE FL

Zip

34952

Country

USA

Zip

34952

Country

USA

4. FEI Number

35-0867808

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAPS, LOUIS J  
10100 WEST SAMPLE ROAD  
SUITE 327  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name  
ROGER W. HALVERSON, CPA

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

900 SE OCEAN BLVD

SE 215 B

City

STUART

FL

Zip Code

34994

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

ROGER HALVERSON CPA

4-26-05

4-26-05

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, 2005 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MILLER, CARL M  
651 MURPHY ROAD  
WINTER SPRINGS, FL 32708 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
CARL M. MILLER  
1682 SE SOUTH NIEMEYER CIR  
PORT ST LUCIE FL 34952 ☐ Change ☐ Addition

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, without other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

Date

772-398-0251

Daytime Phone #