


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90155 047 \*\*\*158.75

<b>DOCUMENT # P04000114018</b>	
1. Entity Name <b>SAFE HARBOR FINANCIAL SERVICES OF THE TREASURE COAST, INC.</b>	

Principal Place of Business <b>1964 FABIEN CIRCLE VIERA, FL 32940</b>	Mailing Address <b>1964 FABIEN CIRCLE VIERA, FL 32940</b>
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2. Principal Place of Business <b>7341 OFFICE PARK PLACE SUITE 201 VIERA FL 32940 USA</b>	3. Mailing Address <b>7341 OFFICE PARK PLACE SUITE 201 VIERA FL 32940 USA</b>
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04062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>43-2066257</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>TROGER, JERRY 1964 FABIEN CIRCLE VIERA, FL 32940</b>
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7. Name and Address of New Registered Agent Name <b>PATRICIA STAMM</b> Street Address (P.O. Box Number is Not Acceptable) <b>1964 FABIEN CIRCLE</b> City <b>VIERA</b> FL Zip Code <b>32940</b>
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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 <b>Patricia Stamm</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>PATRICIA STAMM, PRESIDENT 4-6-05</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STAMM, PATRICIA 1964 FABIEN CIRCLE VIERA, FL 32940</b> <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	<b>D TROGER, JERRY 1964 FABIEN CIRCLE VIERA, FL 32940</b> <input checked="" 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
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 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, with all other like empowered.	
SIGNATURE: <b>Patricia Stamm</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>PATRICIA STAMM 4-6-05 321-751-9203</b> <small>Date Daytime Phone #</small>