

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114018

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** SAFE HARBOR FINANCIAL SERVICES OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

7341 OFFICE PARK PLACE  
SUITE 201  
VIERA, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

7341 OFFICE PARK PLACE  
SUITE 201  
VIERA, FL 32940

**New Mailing Address:**

**FEI Number:** 43-2066257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAMM, PATRICIA  
7341 OFFICE PARK PLACE, STE 201  
VIERA, FL 32940 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: STAMM, PATRICIA  
Address: 1964 FABIEN CIRCLE  
City-St-Zip: VIERA, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA STAMM

PD

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date