

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90021 050 ***150.00

DOCUMENT # P04000139701

1. Entity Name

HOME MINDERS OF THE TREASURE COAST, INC.



Principal Place of Business
 5809 SUNBERRY CIRCLE
 FT PIERCE FL 34951-3114

Mailing Address
 5809 SUNBERRY CIRCLE
 FT PIERCE FL 34951-3114

2. Principal Place of Business

3. Mailing Address



1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-2492442

Applied For
 Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIRILLO, VIRGINIA M
 5809 SUNBERRY CIRCLE
 FT PIERCE FL 34951-3114

Name

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

City

FL

Zip Code

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

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 Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CIRILLO, VIRGINIA M	
STREET ADDRESS	5809 SUNBERRY CIRCLE	
CITY-ST-ZIP	FT PIERCE FL 34951-3114	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIRILLO, VINCENT	
STREET ADDRESS	5809 SUNBERRY CIRCLE	
CITY-ST-ZIP	FT PIERCE FL 34951-3114	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Virginia M. Cirillo Virginia M. Cirillo 3/21/05 (772) 332-3831
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #