

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90037 034 ***150.00

DOCUMENT # P04000157995 1. Entity Name REVERE TITLE OF THE TREASURE COAST, INC.			
Principal Place of Business 718 SW PORT ST. LUCIE BLVD. SUITE 5 PORT ST LUCIE, FL 34953		Mailing Address 718 SW PORT ST. LUCIE BLVD. SUITE 5 PORT ST LUCIE, FL 34953	
2. Principal Place of Business - No P.O. Box # 718 SW Port St. Lucie Blvd		3. Mailing Address 718 SW Port St. Lucie Blvd	
Suite, Apt. #, etc. 8		Suite, Apt. #, etc. 8	
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL	
Zip 34953		Zip 34953	
Country St. Lucie		Country St. Lucie	
4. FEI Number 20-1916409		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, ALBERT B 718 SW PORT ST LUCIE BLVD. SUITE 5 PORT ST LUCIE, FL 34953		7. Name and Address of New Registered Agent Name Moore, Albert B Street Address (P.O. Box Number is Not Acceptable) 718 SW Port St. Lucie Blvd Suite 8 City Port St Lucie FL Zip Code 34953	
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 <small>Signature of registered agent and title if applicable</small>		DATE 4-15-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFC MOORE, ALBERT B 718 SW PORT ST. LUCIE BLVD.; SUITE 5 PORT ST. LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFC Moore, Albert B 718 SW Port St Lucie Blvd, Suite 8 Port St. Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-15-08 Daytime Phone # 772-878-8325	