

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2005 8:00 am
Secretary of State

08-29-2005 90146 007 ***550.00

DOCUMENT # P04000169697 1. Entity Name SERVICES SERVICES OF THE TREASURE COAST, INC.			
Principal Place of Business 2190 RESERVE PARK TRACE SUTIE 9 PORT ST. LUCIE FL 34986		Mailing Address 2190 RESERVE PARK TRACE SUTIE 9 PORT ST. LUCIE FL 34986	
2. Principal Place of Business 2835 STONEWAY LANE Suite, Apt. #, etc. 12		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State FT. PIERCE		City & State FT. PIERCE	
Zip 34982		Country FL	
4. FEI Number 83-0415341		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 SHIMEK, ROBERT 2835A STONEWAY LANE FT. PIERCE FL 34982		7. Name and Address of New Registered Agent Name SERVICES SERVICES OF THE TREASURE COAST, INC. Street Address (P.O. Box Number is Not Acceptable) 2835A STONEWAY LANE City FT. PIERCE FL 34982	
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 <u>Robert Shimek</u> (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
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	P SHIMEK, ROBERT 2835A STONEWAY LANE FT. PIERCE FL 34982	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>Robert Shimek</u>		Date 8-23-05 Daytime Phone # 172-466-1067	