

2006 FOR PROFIT CORPORATION ANNUAL REPORT

27

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-27-2006 90049 003 ***150.00

DOCUMENT # P05000062704	
1. Entity Name TREASURE COAST PERMITTING SERVICE INC.	



Principal Place of Business 1825 SE CAMILO STREET PORT SAINT LUCIE, FL 34952 US	Mailing Address PO BOX 881472 PORT SAINT LUCIE, FL 34988 US
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66005484



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082006 Chg-P CR2E034 (11/05)

4. FEI Number 20.3348313	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOTTUSO, SUSAN L 1825 SE CAMILO STREET PORT SAINT LUCIE, FL 34952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	Signature typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when renovating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GOTTUSO, SUSAN L 1825 SE CAMILO STREET PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 426 SW Nativity Terrace Port St. Lucie, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOTTUSO, SUSAN L 1825 SE CAMILO STREET PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 426 SW Nativity Terrace Port St. Lucie FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC GOTTUSO, SUSAN L 1825 SE CAMILO STREET PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 426 SW Nativity Terrace Port St. Lucie, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA GOTTUSO, SUSAN L 1825 SE CAMILO STREET PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 426 SW Nativity Terrace Port St. Lucie, FL 34984
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 it 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE: <i>Susan L. Gottuso</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2/23/06	Day/e Phone # 772/528.7868
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ATTACHMENT
66005484

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

TREASURE COAST PERMITTING SERVICE INC.
PO BOX 881472
PORT SAINT LUCIE, FL 34988 US

Subject: TREASURE COAST PERMITTING SERVICE INC.

Reference Number:

P05000062704

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION