

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144887

FILED
Jan 19, 2009
Secretary of State

Entity Name: SOUTHEAST SERVICES OF THE TREASURE COAST, INC.

Current Principal Place of Business:

7350 45TH STREET
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

7350 45TH STREET
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 20-3686374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRY G. SEGAL, P.A.
621 17TH STREET
VERO BEACH, FL 32960 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: PTD () Delete
Name: FORESS, ROBERT
Address: 7350 45TH STREET
City-St-Zip: VERO BEACH, FL 32967

Title: V () Delete
Name: BUTLER, SAMUEL
Address: 7350 45TH STREET
City-St-Zip: VERO BEACH, FL 32967

Title: S () Delete
Name: FORESS, ANGELIQUE
Address: 7350 45TH STREET
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT FORESS

PTD

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date