

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000019592

1. Entity Name
P&M TREASURE COAST INSTALLATION, INC.



Principal Place of Business
**1399 SE APPAMATTOX TER
PORT ST-LUCIE, FL 34952**

Mailing Address
**1399 SE APPAMATTOX TER
PORT ST-LUCIE, FL 34952**

DO NOT WRITE IN THIS SPACE



05172008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2458534

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICHER, PATRICK
1399 SE APPAMATTOX TER
PORT ST-LUCIE, FL 33495-2**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P RICHER, PATRICK 1399 SE APPAMATTOX TER PORT ST-LUCIE, FL 34952 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V DELISLE, MANON 1399 SE APPAMATTOX TER PORT ST-LUCIE, FL 34952 |
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06/06/08-80001-003 550.00

**DO NOT WRITE
IN THIS SPACE**

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: Morgan Delisle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/08
Date

954-826-0369
Daytime Phone #