# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2010**
**Secretary of State**

DOCUMENT# P07000010766

**Entity Name:** TREASURE COAST BACKFLOW TESTING & REPAIRS, INC

**Current Principal Place of Business:**

1669 SE SOUTH NIEMEYER CIRCLE
SUITE 108
PORT ST LUCIE, FL 34952 US

**New Principal Place of Business:**

1991 SE GIFFEN AVE
PORT ST LUCIE, FL 34952 US

**Current Mailing Address:**

1991 SE GIFFEN AVE
PORT ST LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number: 41-2224763** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CRAWFORD, MARGARET D
1991 SE GIFFEN AVE
PORT ST LUCIE, FL 34952 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: P
Name: CRAWFORD, MARGARET D
Address: 1991 SE GIFFEN AVE
City-St-Zip: PORT ST LUCIE, FL 34952 US

I hereby 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 all other like empowered.

SIGNATURE: MARGARET D CRAWFORD PRES 03/25/2010

Electronic Signature of Signing Officer or Director Date