

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000060885

FILED
Jul 14, 2009
Secretary of State**Entity Name:** TREASURE COAST HOLDINGS, INC.**Current Principal Place of Business:**1792 NE JENSEN BCH BLVD
JENSEN BCH, FL 34957**New Principal Place of Business:****Current Mailing Address:**1792 NE JENSEN BCH BLVD
JENSEN BCH, FL 34957**New Mailing Address:****FEI Number:** 80-0206265**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**IGLER & DOUGHERTY, P.A.
2457 CARE DRIVE
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERGER, GARY A CHRMN
Address: 1792 NE JENSEN BCH BLVD
City-St-Zip: JENSEN BCH, FL 34957

Title: DP () Delete
Name: SKILES, DAVID W
Address: 1792 NE JENSEN BCH BLVD
City-St-Zip: JENSEN BCH, FL 34957

Title: DVPS () Delete
Name: RILEY, MARGE
Address: 1792 NE JENSEN BCH BLVD
City-St-Zip: JENSEN BCH, FL 34957

Title: DT () Delete
Name: AUMACK, NANCY E
Address: 1792 NE JENSEN BCH BLVD
City-St-Zip: JENSEN BCH, FL 34957

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: VP () Change (X) Addition
Name: RANDY, RILEY
Address: 1792 NE JENSEN BCH BLVD
City-St-Zip: JENSEN BCH, FL 34957

Title: VP () Change (X) Addition
Name: HOFFMAN, DAVID
Address: 1792 NE JENSEN BCH BLVD
City-St-Zip: JENSEN BCH, FL 34957

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: RANDY RILEY

VP

07/14/2009

Electronic Signature of Signing Officer or Director

Date