

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000036125

FILED
Jul 06, 2011
Secretary of State

Entity Name: TREASURE COAST ALF INC.

Current Principal Place of Business:

642 JACOBY AVENUE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

642 JACOBY AVENUE
PORT ST LUCIE, FL 34953 UN

Current Mailing Address:

4183 WORLINGTON TERR
FORT PIERCE, FL 34947

New Mailing Address:

FEI Number: 61-1616058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMSAY, DEVOLINE
4183 WORLINGTON TERR
FORT PIERCE, FL 34947 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: MS
Name: RAMSAY, DEVOLINE
Address: 4183 WORLINGTON TERR
City-St-Zip: FORT PIERCE, FL 34947 UN

Title: MS
Name: RAMSAY, DEVOLINE
Address: 4183 WORLINGTON TERR
City-St-Zip: FORT PIERCE, FL 34947 UN

Title: MS
Name: RAMSAY, DEVOLINE
Address: 4183 WORLINGTON TERR
City-St-Zip: FORT PIERCE, FL 34947 UN

Title: MS
Name: RAMSAY, DEVOLINE
Address: 4183 WORLINGTON TERR
City-St-Zip: FORT PIERCE, FL 34947 UN

Title: MS
Name: RAMSAY, DEVOLINE
Address: 4183 WORLINGTON TERR
City-St-Zip: FORT PIERCE, FL 34947 UN

Title: MS
Name: RAMSAY, DEVOLINE
Address: 4183 WORLINGTON TERR
City-St-Zip: FORT PIERCE, FL 34947 UN

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: DEVOLINE RAMSAY

MS

07/06/2011

Electronic Signature of Signing Officer or Director

Date