2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 04, 2005 08:00 AM **DOCUMENT # P92000004324 Secretary of State** TREASURE COAST CONTRACTING, INC. Mailing Address Principal Place of Business 6290 OLD DIXIE HWY POB 650249 VERO BEACH, FL 32967 VERO BEACH, FL 32965 CR2E034 (10/03) No Cha-P 01312005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0369820 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCHUGH, JOHN J JR DO NOT WRITE 333 17TH ST STE U IN THIS SPACE VERO BEACH, FL 32960 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. THE MYERS, LAWRENCE J NAME U00000251289 03/04/05-80044-019 150.00 STREET ADDRESS 4925 4TH ST. VERO BEACH, FL 32968 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

G OFFICER OF DIRECTOR