

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90028 037 ***150.00

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1. Entity Name
PERFECT TEMP OF THE TREASURE COAST, INC.



Principal Place of Business Mailing Address
1643 SW BILTMORE ST 1643 SW BILTMORE ST
PORT ST. LUCIE, FL 34984 US PORT ST. LUCIE, FL 34984 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03232007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0379376 Not Applicable

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

6. Name and Address of Current Registered Agent

KAMMERAAD, KEITH
450 NE PRIMA VISTA BLVD
PT. ST. LUCIE, FL 34983

7. Name and Address of New Registered Agent

Name **Keith Kammeraad II**
Street Address (P.O. Box Number is Not Acceptable)
301 S.W. Palm Dr #204
Port St Lucie FL 34986

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **PVTS**
STREET ADDRESS **KAMMERAAD, KEITH**
CITY-ST-ZIP **450 N.E. PRIMA VISTA**
PORT ST. LUCIE, FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **KAMMERAAD, KEITH**
CITY-ST-ZIP **450 N.E. PRIMA VISTA**
PORT ST. LUCIE, FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P/D**
STREET ADDRESS **Keith Kammeraad II**
CITY-ST-ZIP **301 S.W. Palm Dr #204**
Port St Lucie FL 34986

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP/S/T/D**
STREET ADDRESS **James B Kammeraad**
CITY-ST-ZIP **450 E. Prima Vista Blvd**
Port St Lucie FL 34983

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/6/07** Daytime Phone # **772 879 1324**