

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000001191

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



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

Mailing Address
1643 SW BILTMORE ST
PORT ST. LUCIE, FL 34984 US

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0379376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAMMERAAD, KEITH
301 S.W. PALM DR. #204
PORT SAINT LUCIE, FL 34986

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

7/29/08

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KAMMERAAD, KIETH II
STREET ADDRESS	301 S.W. PALM DR. #204
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34986

TITLE	VSTD
NAME	KAMMERAAD, JAMES B
STREET ADDRESS	450 E. PRIMA VISTA BLVD
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34983

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/01/08-80001-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

7/29/08

Date

772-879-1324

Daytime Phone