

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026120

FILED  
Jan 20, 2006  
Secretary of State

**Entity Name:** TREASURE COAST INTERIOR CONSULTANTS, INC.

**Current Principal Place of Business:**

150 US HWY 1  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

150 US HWY 1  
TEQUESTA, FL 33469

**New Mailing Address:**

**FEI Number:** 65-0397626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARDIN, JUDY  
3010 SE BLACKWELL DR  
PORT ST LUCIE, FL 34952 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARDIN, JUDY  
Address: 3010 SE BLACKWELL DR  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T/V P ( ) Delete  
Name: HARDIN-BOOMHOWER, JILL  
Address: 150 N US HWY ONE  
City-St-Zip: TEQUESTA, FL 33469

Title: S ( ) Delete  
Name: THOMAN, KRISTINA  
Address: 150 N US HWY ONE  
City-St-Zip: TEQUESTA, FL 33469

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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:** JOY HARDIN-CAPO

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01/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date