

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90257 018 ***150.00

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1. Entity Name
P & P OF THE TREASURE COAST, INC.

Principal Place of Business
**756 BEACHLAND BLVD.
VERO BEACH, FL 32963**

Mailing Address
**756 BEACHLAND BLVD.
VERO BEACH, FL 32963**



2. Principal Place of Business
270 Old Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
270 Old Dixie Hwy
Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State
Vero Beach Florida
Zip
32962
Country
Indian River

City & State
Vero Beach, Florida
Zip
32962
Country
Indian River

4. FEI Number
65-0437785
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COLLINS, GEORGE G JR.
756 BEACHLAND BLVD.
VERO BEACH, FL 32963**

7. Name and Address of New Registered Agent

Name
Phillips Craig
Street Address (P.O. Box Number is Not Acceptable)
270 Old Dixie Hwy.
City
Vero Beach **FL** Zip Code
32962

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 **Craig E. Phillips Pres** **Craig E. Phillips Pres** **4-27-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
PHILLIPS, CRAIG
270 OLD DIXIE HWY
VERO BEACH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

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: **Craig E. Phillips Pres** **Craig E. Phillips Pres** **4-27-04** **772-569-0151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #