## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000087237

GRANE, JUDITH K

STUART, FL 34997

3745 SE DOUBLETON DRIVE

Name:

Address:

City-St-Zip:

Entity Name: TREASURE COAST BOATING SERVICES, INC.

FILED Apr 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 420 S FEDERAL HWY STUART, FL 34994 **Current Mailing Address: New Mailing Address:** 420 S FEDERAL HWY STUART, FL 34994 FEI Number: 65-0459411 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEGER, SAM T 603 SW ĆLEVELAND AVENUE STUART, FL 34994 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GRANE, WAYNE P Name: Name: 11320 HIAWATHA LANE Address: Address: City-St-Zip: INDIANHEAD PARK, IL 60525 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition BRADY, BRENDA J Name: Name: BRADY, BRENDA J 8303 PENSACOLA RD 1862 SE SANDIA DRIVE Address: Address: FORT PIERCE, FL 34951 PORT ST LUCIE, FL 34983 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition GRANE, DANIEL T Name: Name: 3745 SE DOUBLETON DRIVE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRENDA J BRADY SEC 04/11/2006