## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000057004  1. Entity Name					
TREASURE COAST APPRAISERS, INC.					
Principal Place		ailing Address			
800 VIRGINIA AVENUE 800 VIRGINIA AVENUE SUITE 59-C SUITE 59-C					
FORT PIERCE, FL 34982 FORT PIERCE, FL 34982				( 	RIBE BEEK (1990 BYEK DOEK GARAFI II (1881 -
_				01052007 No Chg-P	CR2E034 (11/05)
D	O NOT WRITE II	N THIS SPAC	JE	4. FEI Number	Applied For
				65-0514893	Not Applicable  \$8,75 Additional
		4		5. Certificate of Status Desired	Fee Required
6. Name and Address of Gurrent Registered Agent					
REDSTONE, STEPHEN G 800 VIRGINIA AVENUE  DO NOT WRITE					
SUITE 59-C FORT PIERCE, FL 34982				IN THIS SPA	ACE
TONT FIENDE, FE 34802					
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of regelered agent and title if applicable. (NOTE: Registered Agent aignature required when renatizing)  DATE					
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be 01/19/07-8	91263 0016-008 150.00
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME	D REDSTONE, STEPHEN G	•	[		
Street address	3608 WILDERNESS DRIVE, EAST				
CITY-ST-ZIP	FORT PIERCE, FL 34982		1		
NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE			1		
NAME Street Adoress		13 h h h h		DO NOT W	OLT I
CITY-ST-ZIP	, see	the half		DO NOT WI	
TITLE NAME	<b>,</b>		l	IN THIS SPA	ACE
STREET ADDRESS		•			
City-St-Zip Title			-		
NAME			1		
STREET ADDRESS CITY-ST-ZIP					
TITLE		<del></del>	1		
NAME Street Address			ľ		
CITY-ST-ZIP			<u></u>		and T. Beller, coming barrers, describing an Affective to become
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: Stephen G. Poels Co 1/16/2003 272-464-6700 BIGNATURE: BOOK TYPED OR PRINTED MAME OF BONNO OFFICER OR DIRECTOR Date Description Proces					