


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000077980  
 1. Entity Name  
 TRESOR CORPORATION



Principal Place of Business      Mailing Address  
 7135 S. US HWY ONE      7135 S. US HWY ONE  
 PORT ST. LUCIE, FL 34952      PORT ST. LUCIE, FL 34952

**DO NOT WRITE IN THIS SPACE**



04282005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0544361	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  
 CHAPIN, RALPH  
 7135 S. US HWY ONE  
 PORT ST. LUCIE, FL 34952

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PT CHAPIN, RALPH 7135 SOUTH U.S. HIGHWAY 1 PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHAPIN, GABRIELE O 7135 SOUTH U.S. HIGHWAY 1 PORT ST LUCIE, FL
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 05/03/05-80109-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ralph Chapin, Pres.      RALPH CHAPIN, PRES.      28 APR 05      772-340-0477  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #