


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90146 001 ***600.00

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**

66000530



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0544361 Not Applicable

5. Certificate of Status Desired **\$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~~

7. Name and Address of New Registered Agent
 Name **Michael Faurot**
 Street Address (P.O. Box Number is Not Acceptable) **8205 Wintergarden Parkway**
 City **Ft. Pierce** **FL** Zip Code **34951**

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 *K Michael Faurot* DATE 1-10-06
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, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT CHAPIN, RALPH 7135 SOUTH U.S. HIGHWAY 1 PORT ST. LUCIE, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CHAPIN, GABRIELE O 7135 SOUTH U.S. HIGHWAY 1 PORT ST LUCIE, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Faurot Michael PD 8205 Wintergarden Parkway Ft. Pierce, FL 34951 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FAUROT, Michael 8205 Wintergarden Parkway Ft. Pierce FL 34951 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *K Michael G. Faurot* DATE 1-10-06 772-528-2076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Michael G. Faurot, Pres