2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000019158

1. Entity Name
TREASURE COAST MACHINE, INC.



FILED Apr 22, 2004 08:00 AM Secretary of State

Principal Place of Business

3081 SE SLATER STREET STUART, FL 34997 US Mailing Address

3081 SE SLATER STREET STUART, FL 34997 US



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0584257 Not Applied be

5. Certificate of Status Desired

01052004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

KALINOWSKI, JENNIFER 542 SW KEATS AVENUE PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

No Chg-P

-				114	IIIIS SPACE
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.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution,	ncling	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS -	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KALINOWSKI, JENNIFER 542 SW KEATS AVENUE PALM CITY, FL 34990				U00000123979 04/22/04-80025-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KALINOWSKI, GARY 542 SW KEATS AVERUE PALM CITY, FL 34990				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the Information supplied with this filling 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:

marije Kalinoritki Jennifer Kalinoriski

4/20/04 772-283-2024