

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000028933

1. Entity Name
TREASURE COAST EQUITY LENDERS, INC.



Principal Place of Business
**5094 SE FEDERAL HWY
STUART, FL 34997 US**

Mailing Address
**5094 SE FEDERAL HWY
STUART, FL 34997 US**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0586673

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLEIN, ROBERT C
505 SE ST LUCIE BLVD
STUART, FL 34996**

**DO NOT WRITE
IN THIS 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: 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

TITLE	DP
NAME	FRISCH, SIDNEY JR
STREET ADDRESS	14 N PEORIA STREET SUITE 2E
CITY- ST- ZIP	CHICAGO, IL 60607
TITLE	V
NAME	KLEIN, ROBERT C
STREET ADDRESS	505 SE ST LUCIE BLVD.
CITY- ST- ZIP	STUART, FL
TITLE	VS
NAME	KLEIN, SANDRA L
STREET ADDRESS	505 SE ST LUCIE BLVD.
CITY- ST- ZIP	STUART, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/24/06-80086-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Robert C. Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06 772-286-2023

Date

Daytime Phone #