

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000045895

FILED
Jan 14, 2004
Secretary of State

Entity Name: P.D.S. OF THE TREASURE COAST, INC.

Current Principal Place of Business:

1950 SW BILTMORE ST
PORT ST LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

1950 SW BILTMORE ST
PORT ST LUCIE, FL 34984 US

New Mailing Address:

1950 SW BILTMORE ST
PORT ST LUCIE, FL 34984 US

FEI Number: 65-0590151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, SCOTT
6650 WEST INDIANTOWN ROAD
SUITE 200
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: CAROTHERS, GARY
Address: 1242 S.W. KNOLLWOOD DR
City-St-Zip: PALM CITY, FL 34990

Title: DP () Delete
Name: EDWARDS, MICHAEL K
Address: 249 CENTER ST UNIT 1B
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL K EDWARDS

PRES

01/14/2004

Electronic Signature of Signing Officer or Director

_____ Date