


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90005 043 ***150.00

DOCUMENT # P95000059049 1. Entity Name T E C OF THE TREASURE COAST, INC.	
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Principal Place of Business 1030 SW 31 ST PALM CITY, FL 34990	Mailing Address 1030 SW 31 ST PALM CITY, FL 34990
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54025908



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0610624	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

TAYLOR, MELINDA S
1030 SW 31ST STREET
PALM CITY, FL 34990

**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 under reinstatement) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DPT
NAME	TAYLOR, JOHN L
STREET ADDRESS	1030 SW 31 ST
CITY- ST- ZIP	PALM CITY, FL 34990
TITLE	DVP
NAME	TAYLOR, JOHN L
STREET ADDRESS	1030 SW 31 ST
CITY- ST- ZIP	PALM CITY, FL
TITLE	DVS
NAME	TAYLOR, MELINDA S
STREET ADDRESS	1030 SW 31 ST
CITY- ST- ZIP	PALM CITY, F; 34990
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: *Melinda S. Taylor* **4-1-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR