2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# P95000059049

Entity Name: T E C OF THE TREASURE COAST, INC.

Current Principal Place of Business:

1030 SW 31 ST
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

1030 SW 31 ST
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-0610624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, MELINDA S
1030 SW 31ST STREET
PALM CITY, FL 34990 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: DPT ( ) Delete
Name: TAYLOR, JOHN L
Address: 1030 SW 31 ST
City-St-Zip: PALM CITY, FL 34990

Title: DVP ( ) Delete
Name: ORAZI, JAN A
Address: 2289 SE MADISON ST
City-St-Zip: STUART, FL 34997

Title: DTRE ( ) Delete
Name: TAYLOR, MELINDA S
Address: 1030 SW 31 ST
City-St-Zip: PALM CITY, FL 34990

Title: VP ( ) Delete
Name: BUSH, JENNIFER L
Address: 4641 SW HALLMARK ST
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP ( ) Delete
Name: SKINNER, TED S
Address: 1047 SW 37 STREET
City-St-Zip: PALM CITY, FL 34990

Title: SEC ( ) Delete
Name: SKINNER, TRACY C
Address: 1047 SW 37 STREET
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 exemption stated 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 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: MELINDA S. TAYLOR DTRE 04/26/2009

Electronic Signature of Signing Officer or Director — Date