

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000059269

1. Entity Name

TREASURE COAST PAYPHONE, INC.



Principal Place of Business

3251 SW PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34953

Mailing Address

3251 SW PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34953



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0597502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, JOSEPH
3251 SW PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34953

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PIERCE, VIRGINIA P
STREET ADDRESS 3251 SW PORT ST LUCIE BLVD
CITY - ST - ZIP PORT SAINT LUCIE, FL 34953

TITLE ST
NAME PIERCE, JOSEPH
STREET ADDRESS 3251 SW PORT ST LUCIE BLVD
CITY - ST - ZIP PORT SAINT LUCIE, FL 34953

TITLE
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STREET ADDRESS
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000000110586
04/12/04-80088-016 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph S. Pierce Joseph E Pierce 4/9/04 772-344-7810