

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059269

FILED
Mar 18, 2005
Secretary of State

Entity Name: TREASURE COAST PAYPHONE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0597502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, JOSEPH
3251 SW PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34953 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: P () Delete
Name: PIERCE, VIRGINIA P
Address: 3251 SW PORT ST LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: ST () Delete
Name: PIERCE, JOSEPH
Address: 3251 SW PORT ST LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: JOSEPH E. PIERCE

ST

03/18/2005

Electronic Signature of Signing Officer or Director

Date