

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000048255

1. Entity Name

TREASURE COAST PLASTERING & LATHING, INC.



Principal Place of Business

700 N.E. BAYBERRY CT.
JENSEN BEACH FL 34957

Mailing Address

700 N.E. BAYBERRY CT.
JENSEN BEACH FL 34957



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0683440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUNCY, MARK T
700 N.E. BAYBERRY CT.
JENSEN BEACH FL 34957-6820

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Mark Buncy

1/29/08

Signature typed or printed name of registered agent and date of application.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BUNCY, MARK T
STREET ADDRESS 700 N.E. BAYBERRY CT.
CITY- ST- ZIP JENSEN BEACH FL 34957-6820

TITLE ☐ Change ☐ Addition
NAME U000000807988
STREET ADDRESS 02/07/08-80030-013 150.00
CITY- ST- ZIP

TITLE D ☐ Delete
NAME BUNCY, SANDRA
STREET ADDRESS 700 N.E. BAYBERRY CT.
CITY- ST- ZIP JENSEN BEACH FL 34957-6820

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 807, 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:

Mark Buncy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

DATE

DATE OF FILING