
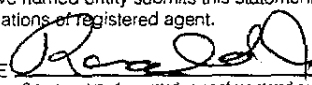
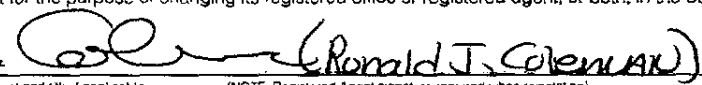


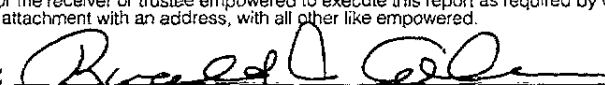
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000005582 1. Entity Name TREASURE COAST PLUMBING, INC.					
Principal Place of Business 6461 NORTHWEST 25TH STREET SUNRISE FL 33313			Mailing Address 6461 NORTHWEST 25TH STREET SUNRISE FL 33313		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0719171 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent COLEMAN, RONALD J 6461 NW 25 ST. SUNRISE FL 33313				7. Name and Address of New Registered Agent 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> (no changes) SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;">  (Ronald J. Coleman) <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 2/15/04 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO COLEMAN, RONALD J 6461 NORTHWEST 25TH STREET SUNRISE FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000057064 02/19/04-80046-019 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST COLEMAN, DIANE F 6461 NORTHWEST 25TH STREET SUNRISE FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  **Ronald J. Coleman** 2/15/04 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR