## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000026301

15401 HWY. 70 EAST

OKEECHOBEE, FL 34972

Address:

City-St-Zip:

Entity Name: TREASURE COAST ENTERPRISES, INC.

FILED Jan 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4000 N.A1A HIGHWAY **APT 502** FORT PIERCE, FL 34949 **New Mailing Address: Current Mailing Address:** 4000 N.A1A HIGHWAY P. O. BOX 666 **APT 502** FORT PIERCE, FL 34954 US FORT PIERCE, FL 34949 FEI Number: 58-2307714 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MINTON, MICHAEL D 1903 S 2TH ST SUITE 200 FT PIERCE, FL US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HAUPTFUHRER, ELIZABETH L Name: Name: 311 S. DARLINGTON Address: Address: City-St-Zip: WEST CHESTER, PA 19382 City-St-Zip: Title: **VPST** () Delete Title: () Change () Addition Name: HOWARD, MARLENE 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: MARLENE HOWARD VPST 01/27/2009