

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90041 021 ***150.00

DOCUMENT # P97000042756

1. Entity Name
TREASURE COAST BARGE, INC.



Principal Place of Business
1200 CUT OFF RD
STUART, FL 34994

Mailing Address
5835 SW MAPP RD
PALM CITY, FL 34990

44006680



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0753315

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JULIANO, LUCY
5835 SW MAPP RD
PALM CITY, FL 34990

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

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** ☐ Delete
NAME **JULIANO, LUCY**
STREET ADDRESS **5835 MAPP RD.**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **T** ☐ Delete
NAME **GUIDICE, MIKE**
STREET ADDRESS **5751 SW MAPP RD.**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **T** ☐ Delete
NAME **JULIANO, ANTHONY**
STREET ADDRESS **5835 SW MAPP RD.**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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 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: Lucy Juliano - Lucy Juliano Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-04 772-283-9255
Date Daytime Phone #

Attachment



44006680

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 21, 2004

TREASURE COAST BARGE, INC.
5835 SW MAPP RD
PALM CITY, FL 34990

SUBJECT: TREASURE COAST BARGE, INC.
Ref. Number: P97000042756

We have received your document for TREASURE COAST BARGE, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 604A00003692