2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 16, 2009
Secretary of State

DOCUMENT# P97000042756

Entity Name: TREASURE COAST BARGE, INC.

Current Principal Place of Business:

1200 CUT OFF RD
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

5835 SW MAPP RD
PALM CITY, FL 34990

New Mailing Address:

1200 CUT OFF RD
STUART, FL 34994

FEI Number: 65-0753315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JULIANO, LUCY
Address: 5835 MAPP RD.
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete
Name: JULIANO, LISA
Address: 5835 SW MAPP RD.
City-St-Zip: PALM CITY, FL 34990

Title: S ( ) Delete
Name: JULIANO, NATALIE
Address: 5825 SW MAPP RD
City-St-Zip: PALM CITY, FL 34990

Title: V ( ) Delete
Name: JULIANO, SAL JR
Address: 5825 MAPP RD
City-St-Zip: PALM CITY, FL 34990

Title: V ( ) Delete
Name: JULIANO, ANTHONY
Address: 5835 MAPP RD
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: GUIDICE, MICHAEL
Address: 2123 SE EDLER DR
City-St-Zip: STUART, FL 34994

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: NATALIE JULIANO V 09/16/2009

Electronic Signature of Signing Officer or Director — Date