2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State
03-20-2006 90014 002 ***150.00

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1. Entity Name
TREASURE COAST COURT REPORTING, INC.

Principal Place of Business	Mailing Address
5639 4TH LANE OKEECHOBEE, FL 34974	5639 4TH LANE OKEECHOBEE, FL 34974

20017999

03122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5624 NE 4th Lane	5624 NE 4th Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, FL	City & State: Okeechobee, FL
Zip: 34974 Country: USA	Zip: 34974 Country: USA

4. FEI Number 65-0763805 ☐ Applied For ☐ Not Applicable

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
CHIVARI, NANCY M 5639 NE 4TH LANE OKEECHOBEE, FL 34974	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: Nancy M. Chivari — DATE: 3-11-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIVARI, NANCY M 5639 NE 4TH LANE OKEECHOBEE, FL 34974 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5624 NE 4th Lane Okeechobee, FL 34974
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCIORRA, CYNTHIA 405 EAST WAVERLY PLACE VERO BEACH, FL 32960 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nancy M. Chivari — 3-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #