## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE

## May 01, 2006 8:00 am Secretary of State DOCUMENT-# P97000096804 1. Entity Name 05-01-2006 90445 027 \*\*\*150.00 C.C. OF TREASURE COAST, INC. Principal Place of Business Mailing Address 1626 90TH AVENUE P.O. BOX 370 VERO BEACH FL 32966 VERO BEACH FL 32961 3. Mailing Address 2. Principal Place of Business ¥..... Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 65-0795941 Not Applicable Country 4 Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWMAN, PAUL A. RUST, GARY Street Address (P.O. Box Number is Not Acceptable) 1626 – 90th Avenue **1626 90TH AVENUE** VERO BEACH FL 32966 Vero Beach, FL 32966 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. 1 am familiar with, and accept the obligations of registered agent. April 21, 2006 SIGNATURE Signature of Airised in New Mathematical and Education of the Constaining) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ★★Addition TITLE ☐ Delete TITLE NÈWMAN, PAUL A. 1626 - 90th Avenue Vero Beach, FL 32966 RICHARDSON, DANFORTH K NAME STREET ADDRESS 1626 90TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32966 **XX**Delete XX Change Addition TITLE TITLE PEREZ, TOMAS RENE 2019 Cortez Ayenue Vero Beach, FL 32960 RUST, GARY NAME MAME STREET ADDRESS STREET ADDRESS 1626 90TH AVENUE CITY-ST-ZIP VERO BEACH FL 32966 CITY-ST-ZIE **₹** Defete Change Addition TITLE PEREZ, RENE STREET ADDRESS STREET ADDRESS 1626 90TH AVENUE CITY-ST-7/P CITY-ST-ZIP VERO BEACH FL 32966 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is flue 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

**FILED** 

772-567-1151 Ext.8233

Daytime Phone #

April 21, 2006