


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000039103	
1. Entity Name C & L INVESTMENTS OF THE TREASURE COAST, INC.	

Principal Place of Business 6770 NORTH OLD DIXIE HWY. FORT PIERCE, FL 34946	Mailing Address 6770 NORTH OLD DIXIE HWY. FORT PIERCE, FL 34946
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DO NOT WRITE IN THIS SPACE

02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0835011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, CHRISTOPHER A
6770 NORTH OLD DIXIE HWY.
FORT PIERCE, FL 34946

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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 Christopher A. Long 2/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LONG, CHRISTOPHER A 6770 NORTH OLD DIXIE HWY. FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LONG, LORETTA A 6770 NORTH OLD DIXIE HWY. FORT PIERCE, FL 34946
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02/25/05-R0133-024 150.00

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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: Loretta Long, VP 2/22/05 772-468-7870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #