2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 08:00 AM

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DOOMENT # P9900052407 1. Entity Name MKC OF THE TREASURE COAST, INC.				Secretary of State			
Principal Place 4804 OLEAN FT.PIERCE, F	IDER AVE.	Mailing Address 4804 OLEANDER AVE. FT.PIERCE, FL 34982		F TW MITTE M L 42	m caflik kuist müste üüsei aluet	F ###1#4 ##11## 21##1 ##	:mi: wwitf (walke) tf (wat
ם	O NOT WRITE	CE	01062004 4. FEI Numb 65-092		CR2E034		
6. Name and Address of Current Registered Agent KLIPPSTEIN, MARK 4804 OLEANDER AVE. FT.PIERCE, FL 34982					NOT W		
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 privide name of registered agent and tible 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 Trust Fund Contribution. Added to Fees							
10. FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI P KLIPPSTEIN, MARK 4804 OLEANDER AVE FORT PIERCE, FL 34982 VP KLIPPSTEIN, SHARON 4804 OLEANDER AVE FORT PIERCE, FL 34982			¥ 7	U00000 03/29/04-1	998239 80032-01	5 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME		DO NOT WRITE IN THIS SPACE					
STREET ADDRESS CITY-ST-ZIP TITLE NAME							

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

RINTED NAME OF SIGNING OFFICER OR DIRECTOR