

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90015 017 \*\*\*150.00

**DOCUMENT # P99000070657**

1. Entity Name

**ADVANCED SURFACES OF THE TREASURE COAST INC.**



Principal Place of Business

**11505 WILLIS RD.  
FT. PIERCE FL 34945**

Mailing Address

**11505 WILLIS RD.  
FT. PIERCE FL 34945**

2. Principal Place of Business

3. Mailing Address

**PO Box 12868**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Fort Pierce FL**

Zip

Country

Zip

Country

**34979**

4. FEI Number

**65-0956935**

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

**HALL, FRANK  
11505 WILLIS RD.  
FT. PIERCE FL 34945**

Name

**Hall, Frank**

Street Address (P.O. Box Number is Not Acceptable)

**6794 NW Abadan St**

**PT ST LUCIE**

**FL**

Zip

**34983**

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

*Frank Hall*

**2-4-04**

Signature, typed or printed name of registered agent and title 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**

**Make Check Payable to Florida Department of State**

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 **PD** ☐ Delete  
NAME **HALL, FRANK**  
STREET ADDRESS **11505 WILLIS RD.**  
CITY-STATE-ZIP **FT. PIERCE FL 34945**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Hall, Frank**  
STREET ADDRESS **6794 NW Abadan St**  
CITY-STATE-ZIP **PT ST LUCIE, FL 34983**

TITLE **VD** ☒ Delete  
NAME **WOOD, DONALD**  
STREET ADDRESS **2417 SW ANGUS AVE.**  
CITY-STATE-ZIP **PORT ST LUCIE FL 34953**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **STD** ☒ Delete  
NAME **HALL, DEBBRA**  
STREET ADDRESS **11505 WILLIS RD.**  
CITY-STATE-ZIP **FT. PIERCE FL 34945**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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:

*Frank Hall*

**2-4-04**

**772-201-8596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #