
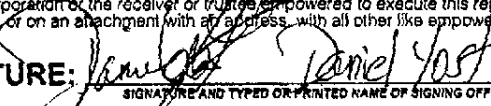


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 08:00 AM
Secretary of State

DOCUMENT # S67300 1. Entity Name NEPTUNE CORPORATION OF THE TREASURE COAST		
Principal Place of Business 1058 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952	Mailing Address 1956 SW BILTMORE RD PORT ST. LUCIE, FL 34984 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent SCOONMAKER, RICHARD 1948 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952		<div style="text-align: right;"> DO NOT WRITE IN THIS SPACE </div>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOST, DANIEL 2004 RIVER HAMMOCK LN FT PIERCE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		Date: 5/5/06 Daytime Phone #: 772-871-2019



05052006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0270785** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

U000000565241
05/20/06-80118-021 150.00

**DO NOT WRITE
IN THIS SPACE**