

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34863

FILED
Apr 23, 2009
Secretary of State

Entity Name: TREASURE COAST BOATING CENTER, INC.

Current Principal Place of Business:

420 S. FEDERAL HIGHWAY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

420 S. FEDERAL HIGHWAY
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0351465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEGER, SAM T
603 SW CLEVELAND AVENUE
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: BRADY, BRENDA J
Address: 326 14TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: P () Delete
Name: GRANE, WAYNE P
Address: 8630 HIGH STREET
City-St-Zip: WATERVLIET, MI 49098

Title: VP () Delete
Name: GRANE, DANIEL T
Address: 3745 SE DOUBLETON DRIVE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: GRANE, JUDITH K
Address: 3745 SE DOUBLETON DRIVE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GRANE, WAYNE P
Address: 8979 SE HAWKSBILL WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA J BRADY

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04/23/2009

Electronic Signature of Signing Officer or Director

Date