

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 333523

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: EAST COAST OILS, INC.

**Current Principal Place of Business:**

41 S. EDGEWOOD AVENUE  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 6336  
JACKSONVILLE, FL 322366336

**New Mailing Address:**

FEI Number: 58-1076860      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBERT H. OSTENDORF  
8541ROYALWOOD DRIVE  
JACKSONVILLE, FL 32256      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: VD ( ) Delete  
Name: FELIX, CONRAD S,  
Address: 1914 ORLEAN DR  
City-St-Zip: JACKSONVILLE, FL, FL 32210

Title: PD ( ) Delete  
Name: ROBERT H. OSTENDORF,  
Address: 8541 ROYALWOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD ( ) Delete  
Name: BRUNILDA R. SEPULVEDA, A  
Address: 4747 ROYAL AVE  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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 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: BRUNILDA R. SEPULVEDA

STD

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date