

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000101657

Entity Name: EAST COAST ASSURANCE INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4 BALFOUR E  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

4 BALFOUR E  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 27-4297154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HINTZ, DONALD  
4 BALFOUR E  
PALM BEACH GARDENS, FL 33418 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HINTZ, DONALD  
Address: 4 BALFOUR E  
City-St-Zip: PALM BEACH GARDENS,, FL 33418

Title: DIR  
Name: COUTURE, CHRIS  
Address: 5124 BELVEDERE RD  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: DIR  
Name: ARBO, PAUL  
Address: 625 UTTERBACK STORE RD  
City-St-Zip: GREAT FALLS, VA 22066

I hereby 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 all other like empowered.

SIGNATURE: DONALD HINTZ

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date