

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000067199

**Entity Name:** EAST COAST SHEARS INC**Current Principal Place of Business:**2929 SW CEDAR DUNES DRIVE  
PORT SAINT LUCIE, FL 34953**Current Mailing Address:**2929 SW CEDAR DUNES DRIVE  
PORT SAINT LUCIE, FL 34953 US**FEI Number:** 82-2449555**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EAST, MICHAEL  
2929 SW CEDAR DUNES DRIVE  
PORT SAINT LUCIE, FL 34953 US*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**Officer/Director Detail :**

Title	P,D
Name	EAST, MICHAEL
Address	2929 SW CEDAR DUNES DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	VP
Name	EAST, CASSANDRA
Address	2929 SW CEDAR DUNES DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	T, D
Name	EAST, CASSANDRA
Address	2929 SW CEDAR DUNES DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	S
Name	EAST, CASSANDRA
Address	2929 SW CEDAR DUNES DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34953

*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:** CASSANDRA EAST

VP

04/08/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date