

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90022 023 ***158.75

DOCUMENT # 311584

1. Entity Name
EAST COAST FIXTURE & MILLWORK COMPANY, INC.



Principal Place of Business 4880 CLYDO ROAD S PO BOX 5423 JACKSONVILLE, FL 32247 US	Mailing Address 4880 CLYDO ROAD S PO BOX 5423 JACKSONVILLE, FL 32247 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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02182008 Chg-P CR2E034 (12/06)

City & State	City & State
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4. FEI Number 59-1153223	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, CLYDE J
 4880 CLYDO ROAD S.
 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name	KNOWLES JR, CLYDE
Street A	4880 CLYDO RD. S.
City	JACKSONVILLE
State	FL
Zip	32207

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: *Clyde Knowles Jr* **CLYDE KNOWLES JR** **3-24-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KNOWLES JR, CLYDE	
STREET ADDRESS	4880 CLYDO ROAD S	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KNOWLES, CLIFFORD D	
STREET ADDRESS	4880 CLYDO RD S	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, CLIFFORD D	
STREET ADDRESS	4880 CLYDO RD. S.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32207	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES JR, CLYDE	
STREET ADDRESS	4880 CLYDO RD. S.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Clyde Knowles Jr* **CLYDE KNOWLES JR** **3-24-08** **904-733-9711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #