


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90190 015 \*\*\*150.00

<b>DOCUMENT # 375471</b> 1. Entity Name <b>EAST COAST BOILER CO., INC.</b>	
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Principal Place of Business <b>7320 TALONA DR WEST MELBOURNE FL 32904 US</b>	Mailing Address <b>P.O. BOX 120127 WEST MELBOURNE FL 32912-0127 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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<b>RUSSELL, HARRY A</b> <b>5845 LAKE WASHINGTON DR</b> <b>MELBOURNE FL 32934</b>		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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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 *Harry A Russell* DATE 2/15/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME <b>RUSSELL, HARRY A</b> <input type="checkbox"/> Delete STREET ADDRESS <b>5845 LAKE WASHINGTON RD</b> CITY-ST-ZIP <b>MELBOURNE FL</b>		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME <b>RUSSELL, BETTY C</b> <input type="checkbox"/> Delete STREET ADDRESS <b>5845 LAKE WASHINGTON RD</b> CITY-ST-ZIP <b>MELBOURNE FL</b>		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete 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"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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TITLE _____ <input type="checkbox"/> Delete 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 Section 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: *Harry A Russell* Date 3-20-06 Daytime Phone # 321-727-1003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

66006335



1st MOORE CR2E034 (10/05)