

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 386390

FILED
Mar 05, 2009
Secretary of State

Entity Name: EAST COAST ALUMINUM PRODUCTS, INC.

Current Principal Place of Business:

605 S. MARKET AVE.
FORT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

605 S. MARKET AVE.
FORT PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 59-1361933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEKKER, CHARLES J
605 S. MARKET AVE.
FT. PIERCE, FL 34982 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: PD () Delete
Name: DEKKER, CHARLES J,
Address: 101 PARADISE PLACE
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: SNEED, RICHARD,
Address: 1905 S. 25TH ST STE 206
City-St-Zip: FT. PIERCE, FL

Title: STD () Delete
Name: MARKS, CARRIE
Address: 7908 SEBASTIAN FL
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: DEKKER, SUE E
Address: 101 PARADISE PLACE
City-St-Zip: STUART, FL 34994

Title: VD () Delete
Name: MARKS, MATTHEW T
Address: 7908 SEBASTIAN RD
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SNEED, RICHARD,
Address: 1905 S. 25TH ST STE 206
City-St-Zip: FT. PIERCE, FL 34947

Title: STD (X) Change () Addition
Name: MARKS, CARRIE
Address: 7908 SEBASTIAN RD.
City-St-Zip: FORT PIERCE, FL 34951

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 exemption stated 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 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: CHARLES J. DEKKER

PD

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date