

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90012 018 ***150.00

DOCUMENT # 404989

1. Entity Name

EAST COAST TRENCHING & SEPTIC TANK SERVICE, INC.



Principal Place of Business

**3005 51ST PLACE
VERO BCH FL 32967**

Mailing Address

**3005 51ST PLACE
VERO BCH FL 32967**

2. Principal Place of Business - No P.O. Box #
4901 U.S.1 - Unit Q

3. Mailing Address
4901 U.S.1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit Q

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL

Zip

32967

Country

US

Zip

32967

Country

US

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-1409493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNCAN, BRUCE W
3005-51ST PLACE
VERO BEACH FL 32967**

Name

Street Address (P.O. Box Number is Not Acceptable)

4901 U.S.1 - Unit Q

City

VERO BEACH

FL

Zip Code

32967

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

Bruce Duncan (**BRUCE DUNCAN**)

2-26-08

Signature, typed or printed name of registered agent and state of application.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	DUNCAN, BRUCE	
STREET ADDRESS	3005-51ST PLACE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

Bruce Duncan **BRUCE DUNCAN** **2/26/08** **712-562-6354**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: 116 From: *