

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90112 012 ***158.75

DOCUMENT # 630396

1. Entity Name
EAST COAST SAFE & LOCK, INC.



Principal Place of Business
**530 BUSINESS PARKWAY BAY #4
ROYAL PALM BEACH, FL 33411**

Mailing Address
**530 BUSINESS PARKWAY BAY #4
ROYAL PALM BEACH, FL 33411**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1934963

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, EDITH M
12435 52ND N
ROYAL PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	THOMPSON, EDITH M
STREET ADDRESS	12435 52ND N
CITY-ST-ZIP	ROYAL PALM BCH, FL
TITLE	V
NAME	THOMPSON, BILLIE SAMUEL
STREET ADDRESS	12435 52ND N.
CITY-ST-ZIP	ROYAL PALM BEACH, FL
TITLE	V
NAME	THOMPSON, KEVIN P
STREET ADDRESS	12435 52ND N
CITY-ST-ZIP	ROYAL PALM BEACH, FL
TITLE	ST
NAME	HOEHN, TINA L
STREET ADDRESS	19844 50TH ST N
CITY-ST-ZIP	LOXAHATCHEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Tina L. Hoehn **TINA L. Hoehn Secretary-Treasurer**

1/19/06

561-790-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #