


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90065 009 \*\*\*158.75

<b>DOCUMENT # 630396</b>	
1. Entity Name <b>EAST COAST SAFE &amp; LOCK, INC.</b>	

Principal Place of Business <b>530 BUSINESS PARKWAY BAY #4 ROYAL PALM BEACH, FL 33411</b>	Mailing Address <b>530 BUSINESS PARKWAY BAY #4 ROYAL PALM BEACH, FL 33411</b>
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**DO NOT WRITE IN THIS SPACE**



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1934963</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMPSON, EDITH M 12435 52ND N ROYAL PALM BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V THOMPSON, BILLIE SAMUEL 12435 52ND N. ROYAL PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V THOMPSON, KEVIN P 12435 52ND N ROYAL PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HOEHN, TINA L 19844 50TH ST N LOXAHATCHEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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* 2/5/08 561-790-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #