2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000003680

1. Entity Name
EAST COAST BEVERAGE CORP.

Principal Place of Business	Mailing Address
1575 BELLA CRUZ DRIVE, #328 THE VILLAGES, FL 32159	1575 BELLA CRUZ DRIVE, #328 THE VILLAGES, FL 32159

DO NOT WRITE IN THIS SPACE

04302004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
84-1039296	Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, WILLIAM R
1575 BELLA CRUZ DRIVE, #328
THE VILLAGES, FL 32159

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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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

U000001543T3

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

05/04/04-80162-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	CPS
NAME	SMITH, WILLIAM R
STREET ADDRESS	1575 BELLA CRUZ DRIVE, #328
CITY-ST-ZIP	THE VILLAGES, FL 32159

TITLE	D
NAME	SCHLECHT, DAVID E
STREET ADDRESS	1575 BELLA CRUZ DRIVE, #328
CITY-ST-ZIP	THE VILLAGES, FL 32159

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 exemption stated in Section 119.07(3)(i), 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: _William Smith_   William Smith pres   4/29/04   352-259-5849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #