

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90020 002 ***150.00

DOCUMENT # K73018

1. Entity Name

EAST COAST SPECIALTIES, INC.



Principal Place of Business

1758 SW BITTMOORE ST
PORT ST LUCIE FL 34984

Mailing Address

1758 SW BITTMOORE ST
PORT ST LUCIE FL 34984
US

2. Principal Place of Business

1754 SW Bittmore St

Suite, Apt. #, etc.

3. Mailing Address

1754 SW Bittmore St

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Port St Lucie FL 34984

City & State

Port St Lucie FL 34984

4. FEI Number

65-0125504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, SHEILA J
1497 SW GILROY RD
PORT ST LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

Sheila M Hall - May

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

14469 SW Sandwedge Dr

INDIAN TOWN, FL 34956

City

FL

Zip Code

34956

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

Sheila M Hall - May

Sheila M Hall - May 2/17/04

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, 2004 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HALL, MICHAEL A
1477 SW GILROY
PORT ST. LUCIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALL, SHIELA A.
1477 SW GILROY
PORT ST. LUCIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Sheila M. Hall - May
14469 SW Sandwedge Dr
INDIAN TOWN, FL 34956 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Sheila M Hall - May

Sheila M Hall - May

2/17/04 712-571-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #