

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2006 08:00 AM
Secretary of State

DOCUMENT # K75480

1. Entity Name
EAST COAST LASER & COMPUTER TECHNOLOGY, INC.



Principal Place of Business
**1501 DECKER AVE.
#410
STUART, FL 34994 US**

Mailing Address
**RICHARD J. DUNGEY
1100 S. FEDERAL
STUART, FL 34995 US**



08032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2941098

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNGEY, RICHARD J
100 S. FEDERAL
STUART, FL 34995**

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
ROELLINGER, MARIAN
745 SW ST CROIX COVE
PORT SAINT LUCIE, FL 34986**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
LINDSTROM, STEVEN R.
2968 SE DALHART RD
PORT SAINT LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

8/3/06 *772.288.1867*