
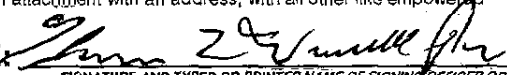


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 08, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|---|---------------------------------|---|---|---|
| DOCUMENT # M01469 1. Entity Name EAST COAST FLOORING, INC. | | | |  | |
| Principal Place of Business 7553 N.W. 50 ST MIAMI FL 33166 US | | | Mailing Address 7553 N.W. 50 ST MIAMI FL 33166 US | | |
| 2. Principal Place of Business Suite, Apt #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-0804661 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WORRELL, THOMAS 7553 N.W. 50 ST MIAMI FL 33166 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD WORRELL, THOMAS 7553 N.W. 50 STREET MIAMI FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | U00000294584 04/08/05-80074-009 150.00 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V WORRELL, KAREN 7553 N.W. 50 STREET MIAMI FL 33166 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | ST DANIELS, DONNA L 7553 N.W. 50 STREET MIAMI FL 33166 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  | | | Thomas E. Worrell | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: 01/26/05 | | |
| Daytime Phone # | | | 305-477-5444 | | |



1st MOORE CR2E034 (10/04)