

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90353 002 ***150.00

DOCUMENT # M97392

1. Entity Name
EAST COAST RESTAURANTS, INC.



Principal Place of Business
P O BOX 6078
FT. MYERS BEACH, FL 33932

Mailing Address
P O BOX 6078
FT. MYERS BEACH, FL 33932

DO NOT WRITE IN THIS SPACE



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1805607
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, GAREY F
HUMPHREY & KNOTT, P.A.
1625 HENDRY ST., SUITE 301
FORT MYERS, FL 33901

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCIALDONE, ANTHONY
STREET ADDRESS 3040 ESTERO BLVD.
CITY - ST - ZIP FT. MYERS BEACH, FL

TITLE D
NAME RUSSO, ALFREDO
STREET ADDRESS 3040 ESTERO BLVD.
CITY - ST - ZIP FT. MYERS BEACH, FL

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-13-06 Daytime Phone # 239-463-2600