


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000002340</b> 1. Entity Name EAST COAST CRUISERS, INC.	
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Principal Place of Business PO BOX 3221 NEW SMYRNA BEACH, FL 32170 US	Mailing Address PO BOX 3221 NEW SMYRNA BEACH, FL 32170 US
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3168653	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

JACKSON, BARBARA R S  
2919 RAGIS RD  
EDGEWATER, FL 32132

**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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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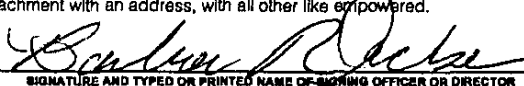
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, JOHN J 2919 RAGIS RD EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODWORTH, BRUCE 5868 BOGGSFORD PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, BARBARA R 2919 RAGIS RD EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTWELL, MARGARET 2420 TAYLOR ROAD NEW SMYRNA BEACH, FL 32170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000628853  
02/16/07-80033-012 61.25

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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 617, 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:**  **01/11/2007 386-427-4300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #