## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000009981

FILED Jan 06, 2004 Secretary of State

Entity Name: EAST COAST AUTOMOTIVE SERVICES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ISTREET FL 33458			
Current Mailing Address:		New Mailing Address:		
	ISTREET FL 33458			
FEI Number	: 65-0982746	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
134 FERÎN	THOMAS E I STREET FL 33458 U	S		
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida. RE:			ed office or registered agent, or both,
n the Stat SIGNATU	e of Florida. * RE:Electroni	ic Signature of Registered Ag		ed office or registered agent, or both,  Date
n the Stat SIGNATU	e of Florida. * RE:Electroni			
in the Stat SIGNATU Election Ca	e of Florida. * RE:Electroni	ic Signature of Registered Agr	ent	
n the Stat SIGNATU Election Ca	e of Florida.  RE: Electroni  mpaign Financing  S AND DIRECT	ic Signature of Registered Ag  Trust Fund Contribution ( ).  TORS:  Delete  AS E  EET	ent	Date
n the Stat BIGNATU Election Ca DFFICER Fitle: Name: Address:	e of Florida.  RE:  Electroni  mpaign Financing  S AND DIRECT  PD ()  LOVELY, THOM  134 FERN STRE  JUPITER, FL 33	ic Signature of Registered Agr Trust Fund Contribution ( ). FORS: Delete AS E EET 3458 Delete Y A	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY A. KOVARIK VD 01/06/2004