

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000036290

**FILED**  
**Jan 29, 2012**  
**Secretary of State**

**Entity Name:** L.D.S. BY EAST COAST EXCAVATION, INC.

**Current Principal Place of Business:**

5839 JOHN ANDERSON HWY.  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 490  
BUNNELL, FL 32110 US

**New Mailing Address:**

**FEI Number:** 59-3645977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CLEMENTS, IVAN K JR.  
540 WEST NEW YORK AVE  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FENNELL, TIMOTHY A  
Address: 5839 JOHN ANDERSON HWY.  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VP  
Name: FENNELL, PAIGE E  
Address: 5839 JOHN ANDERSON HWY.  
City-St-Zip: FLAGLER BEACH, FL 32136 US

I hereby 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 all other like empowered.

SIGNATURE: PAIGE E. FENNELL

V P

01/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date