


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000004943	
1. Entity Name EAST COAST ABSTRACTING, INC.	

Principal Place of Business 11609 SEDGEMOORE DRIVE N. JACKSONVILLE, FL 32223	Mailing Address 11609 SEDGEMOORE DRIVE N. JACKSONVILLE, FL 32223
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCKEEN, CHARLES SCOTT 11609 SEDGEMOORE DRIVE N. JACKSONVILLE, FL 32223	DO NOT WRITE IN THIS SPACE
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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 file if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000168176 07/26/04-80003-007 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO MCKEEN, CHARLES SCOTT 11609 SEDGEMOORE DRIVE N JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MCKEEN, CYNTHIA B 11609 SEDGEMOORE DR N JACKSONVILLE, FL 32223
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	7-23-04 812-8420
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>