

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036524

FILED  
Feb 06, 2006  
Secretary of State

Entity Name: EAST COAST INCORPORATED

## Current Principal Place of Business:

1571 SHADOW PINES DR  
NEW SMYRNA BEACH, FL 32168

## New Principal Place of Business:

## Current Mailing Address:

1571 SHADOW PINES DR  
NEW SMYRNA BEACH, FL 32168

## New Mailing Address:

P.O. BOX 263  
NEW SMYRNA BEACH, FL 32170

FEI Number: 59-3704815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LAMB, HENRY A  
1571 SHADOW PINES DR  
NEW SMYRNA BEACH, FL 32168 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LAMB, HENRY A  
Address: 1571 SHADOW PINES DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: HENRY A LAMB

DP

02/06/2006

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

\_\_\_\_\_  
Date