## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P01000056455**

Entity Name

EAST COAST GOLF BALL CORP



Mailing Address

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

261 S.W. 6TH STREET POMPANO BEACH, FL 33060

Principal Place of Business

7737 HIGHLANDS CIRCLE MARGATE, FL 33063 FILED Jul 28, 2004 08:00 AM Secretary of State



07152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0681673

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BOUNASSI, DOUGLAS 7737 HIGHLANDS CIRCLE MARGATE, FL 33063

## 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   |   |       |              |                                |  |  |
| FILE NOWIII FEE IS \$150.00 9. Election Ca Due by September 8, 2004 Trust Fund  |   |       | ncling       | \$5.00 May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| 10.   | ÖFFICERS AND DIRE   | CTORS | T            | <del></del>                    |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIF   | PD<br>BOUNASSI, DOUGLAS<br>7737 HIGHLANDS CIRCLE<br>MARGATE, FL 33063 |       | _            | U000001 <b>68</b> 632          |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |       |              |                                | 07/28/04-80004-009 158.75  |  |
| NTLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP  |   |       | DO NOT WRITE |                                |  |  |
| NAME<br>STREET ADDRESS<br>CHY-ST-ZIP  |   |       |              | IN THIS SPACE                  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |       |              |                                |  |  |
| NTLE<br>NAME<br>STREET ADDRESS<br>CNY-ST-ZIP  |   |       |              |                                |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |   |       |              |                                |  |  |