2004 FUR FRUEII GURFURATIUN ANNUAL REPORT

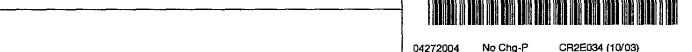
DOCUMENT # P01000120231

1. Entity Name EAST COAST SYSTEMS, INC.



FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business 4343 PUTNAM AVE IACKSONVILLE, FL 32207 Mailing Address 4343 PUTNAM AVE JACKSONVILLE, FL 32207



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| | | 60 7E | A 1 = 1 |
|----|------------|-------|----------------|
| | 01-0563131 | | Not Applicable |
| 4. | FEI Number | | Applied For |
| | | | |

5. Certificate of Status Desired 🔲 🥞

\$8.75 Additional Fee Required

CHRISTIAN, FRANK 4343 PUTNAM AVE JACKSONVILLE, FL 32207

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| the obligations of registered agent. | | | | | | | |
|--|---|------|--------|--------------------------------|--|--|--|
| SIGNATURE_ Signature typed or partied name of registered agent and title if applicable (NOTE Registered Agent signature required when remetating) DATE | | | | | | | |
| FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 8. Election Campaign Finance Trust Fund Contribution. | | | sing 🔲 | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVP CHRISTIAN, FRANK 4343 PUTNAM AVENUE JACKSONVILLE, FL 32207 | | | | .000000143702 54/50/04-80100-022 150.00 | | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | ST CHRISTIAN, BRENNA 4343 PUTNAM AVENUE JACKSONVILLE, FL 32207 | | | | 4750794-89100-022 150.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS GITY-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)(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 | | | | | | | |

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