

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90024 016 ***158.75

DOCUMENT # P02000013648 1. Entity Name EAST COAST CARPENTRY, INC.			
Principal Place of Business 3020 EMERSON DRIVE SE PALM BAY, FL 32909		Mailing Address 3020 EMERSON DRIVE SE PALM BAY, FL 32909	
2. Principal Place of Business SOS Ramona South Ave		3. Mailing Address SOS Ramona South Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State INDIANLANTIC, FL 32903		City & State INDIANLANTIC, FL	
Zip 32903		Zip 32903	
Country 		Country 	
4. FEI Number 73-1626868		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAM, KIRST 3020 EMERSON DRIVE SE PALM BAY, FL 32909		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SOS South Ramona Ave City INDIANLANTIC FL Zip Code 32903	
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 <u><i>William Bay Kirst</i></u> 1/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KIRST, WILLIAM 3020 EMERSON DRIVE SE PALM BAY, FL 32907	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAY, CHARLES 3020 EMERSON DRIVE SE PALM BAY, FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VADNEY, BRUCE 283 EVERGREEN STREET-NE PALM BAY, FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICK A. BRANCH SOS Ramona South Ave INDIANLANTIC, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>William Bay Kirst</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/25/05</u> Daytime Phone #	