

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90022 023 ***150.00

DOCUMENT # P02000013648 1. Entity Name EAST COAST CARPENTRY, INC.					
Principal Place of Business 505 RAMONA SOUTH AVE INDIALANTIC, FL 32903			Mailing Address 505 RAMONA SOUTH AVE INDIALANTIC, FL 32903		
2. Principal Place of Business 3020 Emerson Dr. SE Suite, Apt. #, etc.		3. Mailing Address 3020 Emerson Dr. SE Suite, Apt. #, etc.			
City & State Palm Bay FL Zip 32909		City & State Palm Bay FL Zip 32909		4. FEI Number 73-1626868	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01092006 * Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent WILLIAM, KIRST 505 SOUTH RAMONA AVE INDIALANTIC, FL 32903			7. Name and Address of New Registered Agent Name William Kirst Street Address (P.O. Box Number is Not Acceptable) 3020 Emerson Dr. SE City Palm Bay FL Zip Code 32909		
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 Kirst</i></u> William Kirst, Reg. Agent <u>1/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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 505 SOUTH RAMONA AVE INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Kirst, William 3020 Emerson Dr. SE Palm Bay FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCH, RICK A 505 RAMONA SOUTH AVE INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOperations Vadney, George 3020 Emerson Dr. SE Palm Bay FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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 exemptions contained 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 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 Kirst</i></u> William Kirst, Pres <u>1/9/06</u> 728-4288 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					