

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90210 047 ***150.00

DOCUMENT # P02000014744

1. Entity Name

EAST COAST SPECIALIZED, INC.



Principal Place of Business

6843 EAST ANDREWS ST
GLEN ST. MARY FL 32040

Mailing Address

6843 EAST ANDREWS ST
GLEN ST. MARY FL 32040



2. Principal Place of Business

324 Long Meadow Rd.

3. Mailing Address

324 Long Meadow Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lancaster PA

City & State

Lancaster PA

4. FEI Number

59-3752352

Applied For

Not Applicable

Zip

17601

Country

Zip

17601

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

ALWINE, DONALD D
6843 EAST ANDREWS ST
GLEN ST. MARY FL 32040

7. Name and Address of New Registered Agent

Name

JAMES G. LYONS

Street Address (P.O. Box Number is Not Acceptable)

106 W. Blvd N.

City

Maccleeny

FL

Zip Code

32063

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

JAMES G. LYONS CPA

(NOTE: Registered agent signature required when reinstating)

DATE

4-24-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DESJARDINS, DAVID J	
STREET ADDRESS	44 FALL RIVER AVE	
CITY-ST-ZIP	REHOBOTH MA 02769	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ALWINE, DONALD D	
STREET ADDRESS	6843 E ANDREWS ST	
CITY-ST-ZIP	GLEN ST. MARY FL 32040	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DEBONIS, FRANK R	
STREET ADDRESS	46 INDIAN RD	
CITY-ST-ZIP	RIVERSIDE RI 02915	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALWINE, DONALD D.	
STREET ADDRESS	324 LONGMEADOW RD.	
CITY-ST-ZIP	LANCASTER, PA 17601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Donald O. Alwine

DONALD O. ALWINE

3-31-06

717-859-3272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #