

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000014744

1. Entity Name
EAST COAST SPECIALIZED, INC.



Principal Place of Business
**324 LONG MEADOW RD.
LANCASTER, PA 17601**

Mailing Address
**324 LONG MEADOW RD.
LANCASTER, PA 17601**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3752352

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LYONS, JAMES G
106 W. BLVD N.
MACCLENNY, FL 32063**

**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

James G Lyons
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DESJARDINS, DAVID J
STREET ADDRESS	44 FALL RIVER AVE
CITY-ST-ZIP	REHOBOTH, MA 02769
TITLE	DS
NAME	ALWINE, DONALD D
STREET ADDRESS	324 LONGMEADOW RD.
CITY-ST-ZIP	LANCASTER, PA 17601
TITLE	DT
NAME	DEBONIS, FRANK R
STREET ADDRESS	46 INDIAN RD
CITY-ST-ZIP	RIVERSIDE, RI 02915
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/07-80039-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Donald D Alwine* **DONALD D ALWINE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07

Date

717-859-3272

Daytime Phone #