

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014744

FILED
Apr 01, 2009
Secretary of State

Entity Name: EAST COAST SPECIALIZED, INC.

Current Principal Place of Business:

324 LONG MEADOW RD.
LANCASTER, PA 17601

New Principal Place of Business:

Current Mailing Address:

324 LONG MEADOW RD.
LANCASTER, PA 17601

New Mailing Address:

FEI Number: 59-3752352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS, JAMES G
106 W. BLVD N.
MACCLENLY, FL 32063 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DESJARDINS, DAVID J
Address: 44 FALL RIVER AVE
City-St-Zip: REHOBOTH, MA 02769

Title: DS () Delete
Name: ALWINE, DONALD D
Address: 324 LONGMEADOW RD.
City-St-Zip: LANCASTER, PA 17601

Title: DT () Delete
Name: DEBONIS, FRANK R
Address: 46 INDIAN RD
City-St-Zip: RIVERSIDE, RI 02915

Title: DV () Delete
Name: THOMAN, ROBERT P JR
Address: 72 CYPRESS RD
City-St-Zip: SEEKONK, MA 02771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: TUBMAN, ROBERT P JR
Address: 72 CYPRESS RD
City-St-Zip: SEEKONK, MA 02771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD D ALWINE

DS

04/01/2009

Electronic Signature of Signing Officer or Director

Date