

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000029654

1. Entity Name

EAST COAST MAINTENANCE & WELDING INC



Principal Place of Business

**8541 SW 30TH STREET
DAVIE FL 33328**

Mailing Address

**8541 SW 30TH STREET
DAVIE FL 33328**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-1424324

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**BARRON, JAMES K
8541 SW 30TH STREET
DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

BARRON, JAMES K

STREET ADDRESS **8541 S.W. 30TH STREET**

CITY-ST-ZIP **DAVIE FL 33328**

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Add

STREET ADDRESS

CITY-ST-ZIP

**U00000498481
04/22/06-80094-012 150.00**

TITLE NAME ☐ Change ☐ Add

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add

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: James K. Barron James K. Barron H-6-06 954-473-475