2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AM Secretary of State

	AMMOAL	MET OUT			Cagnata	of State	
DOCUMENT # P02000055477 1. Entity Name EAST COAST HEATING AND AIR CONDITIONING, INC.					Secreta	ary of State	
Principal Plac 207 LONDOI PORT ORANG		Mailing Address 207 LONDON PLACE PORT ORANGE, FL 32127		L REEXIDAL R	A BESSE SIDSI BERIK BESSA BES	A MILITA MANDA MANA MILITA EMBAT AMBUMAN AND AND AND AND AND AND AND AND AND A	E l
DO NOT WRITE IN THIS SPA			CE	01132006 4. FEI Numb 04-367	No Chg-P	CR2E034 (11/05) Applied For Not Applie \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RADOSTA, RONALD 207 LONDON PLACE PORT ORANGE, FL 32127			DO NOT WRITE IN THIS SPACE				
8. The above the obligate	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and		ed affice or register		th, in the State of Flo	rida. I am lamiliar with, and acc	сер
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees			
TO. TITLE NAME STREET ADDRESS CYTY-ST-ZIP JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P RADOSTA, RONALD 207 LONDON PLACE PORT ORANGE, FL 32127	RECTORS				:8341 9003-010 150.00	
CITY-SI-ZIP TITLE MAME STRICE ADDRESS CITY-SI-ZIP TITLE NAME STRICE ADDRESS CITY-SI-ZIP TITLE					NOT W THIS SP		
NAME STREET ADDRESS : CITY -ST- LIP							

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 chapter 607 on an attachment with an address, with all other fixe empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR