

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000089209**

1. Entity Name  
**EAST COAST BATTERY & ELECTRIC, INC.**



Principal Place of Business  
**100 S.W. 17TH STREET  
FT. LAUDERDALE, FL 33315**

Mailing Address  
**100 S.W. 17TH STREET  
FT. LAUDERDALE, FL 33315**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2374341</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SWITZER, ROBERT TIMOTHY  
100 S.W. 17TH STREET  
FT. LAUDERDALE, FL 33315**

**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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000579212  
01/09/07-80060-025 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SWITZER, ROBERT TIMOTHY
STREET ADDRESS	7401 SW 6TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	D
NAME	SWITZER, STEPHANIE L
STREET ADDRESS	7401 SW 6TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	D
NAME	SWITZER, STEVEN R
STREET ADDRESS	7401 SW 6TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	D
NAME	SWITZER, DAVID R
STREET ADDRESS	7401 SW 6TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *Stephanie L Switzer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-3-07 954522-2403*

Date Daytime Phone #