


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90425 039 ***150.00

DOCUMENT # P02000123131

1. Entity Name
EAST COAST AGENCY, INC.



Principal Place of Business
**105 BOYNTON BLVD
 DAYTONA BCH, FL 32118**

Mailing Address
**3800 S. ATLANTIC, #106
 DAYTONA BEACH, FL 32118**



2. Principal Place of Business
**364 PHOENIX AVE.
 DAYTONA BEACH
 DAYTONA BEACH, FLORIDA
 32118**

3. Mailing Address
**364 PHOENIX AVE.
 DAYTONA BEACH, FLORIDA
 32118**

04302004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1161253** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**SPURNY, ZDENEK
 105 BOYNTON BLVD
 DAYTONA BEACH, FL 32118**

7. Name and Address of New Registered Agent
 Name **SPURNY ZDENEK**
 Street Address (P.O. Box Number is Not Acceptable)
364 PHOENIX AVE.
 City **DAYTONA BEACH FL** Zip Code **32118**

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:  DATE: **04-30-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SPURNY, ZDENEK 105 BOYNTON BLVD DAYTONA BCH, FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SPURNY ZDENEK 364 PHOENIX AVE. DAYTONA BEACH, FL. 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **04-30-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #