


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000002470 1. Entity Name EASTCOAST HOMES, INC.			
Principal Place of Business 1633 SE AIRES LN. PORT ST. LUCIE, FL 34984		Mailing Address 1633 SE AIRES LN. PORT ST. LUCIE, FL 34984	
2. Principal Place of Business 3221 SW PORT ST LUCIE BLVD Suite, Apt. #, etc.		3. Mailing Address 1633 SE AIRES LN Suite, Apt. #, etc.	
City & State Port St Lucie FL		City & State Port St Lucie FL	
4. FEI Number 020660110		Applied For <input type="checkbox"/> Not Applicable	
Zip 34953		Country Lucie	
Zip 34984		Country Lucie	
5. Certificates of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZAKARIAN, MICHAEL T 1633 SE AIRES LN. PORT ST. LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DOUGLASS, STEPHEN L JR 1633 SE AIRES LN. PORT ST. LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAKARIAN, JESSICA W 1633 SE AIRES LN. PORT ST. LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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
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: <u>Michael Zakarian</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>5/18/04</u> 772-528-6803 <small>Date Daytime Phone #</small>	

Division of Corporations

44045612



Division of Corporations

Annual Report

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P03000002470
Business Entity Name
EASTCOAST HOMES, INC.

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number **02060010**
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No

Principal Place of Business

Address **1633 SE AIRES LN.**
Suite, Apt. #, etc.
City, State **PORT ST. LUCIE, FL**
Zip Code & Country **34984**

Mailing Address

Address **1633 SE AIRES LN.**
Suite, Apt. #, etc.
City, State **PORT ST. LUCIE, FL**
Zip Code & Country **34984**

Name And Address of Registered Agent

Name (Last, First, Middle, Title) _____
-or- RA Business Name **SPIEGEL & UTRERA, P.A.**
Address **1840 SW 22ND ST.**
Suite, Apt. #, etc. **4TH FLOOR**
City, State **MIAMI, FL**
Zip Code & Country **33145 US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a