

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/4

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90228 043 \*\*\*158.75

DOCUMENT # P03000062111

1. Entity Name  
EAST COAST SCREENS INC.



Principal Place of Business  
330 PAINT ST  
ROCKLEDGE, FL 32955

Mailing Address  
330 PAINT ST  
ROCKLEDGE, FL 32955

66021006



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number  
90-0085491

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BARDEN, ROBERT  
330 PAINT ST.  
ROCKLEDGE, FL 32955

**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: Robert Barden

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME WALKER, MICHAEL T.  
STREET ADDRESS 330 POINT ST  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE V  
NAME BARDEN, ROBERT A.  
STREET ADDRESS 330 PAINT ST  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Robert Barden 6-12-06

(321) 637-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT BARDEN