

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000074489

1. Entity Name
EAST COAST ACCESSIBLE HOMES, INC.



Principal Place of Business
**39 SW MONTEREY RD
STUART, FL 34994**

Mailing Address
**39 SW MONTEREY RD
STUART, FL 34994**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0577263

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ECKSTROM, MARK E
39 SW MONTEREY RD
STUART, FL 34994**

**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)

1000000227865

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

02/14/05-80016-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ECKSTROM, MARK E 379 SW HARBOR STREET STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BAUGH, TIMOTHY V 2250-I BELLA VISTA WAY PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TORNQUIST, JENNIFER L 39 SW MONTEREY RD STUART, FL 34994
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 exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-05

(772) 781-5470