

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000086187

1. Entity Name
EASTCOAST SEALANTS, INC.



Principal Place of Business
**2025 PORTER LAKE DRIVE
UNIT E
SARASOTA, FL 34240**

Mailing Address
**2025 PORTER LAKE DRIVE
UNIT E
SARASOTA, FL 34240**



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2967263

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWARTZ, STEVEN S
2025 PORTER LAKE DRIVE
UNIT E
SARASOTA, FL 34240**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000836500
03/04/08-80019-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHWARTZ, STEVEN S
STREET ADDRESS	2025 PORTER LAKE DRIVE
CITY - ST - ZIP	SARASOTA, FL 34240
TITLE	D
NAME	SCHWARTZ, MICHAEL B
STREET ADDRESS	101 H WINDSOR PLACE
CITY - ST - ZIP	CENTRAL ISLIP, NY 11722
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-08 941-378-0051