

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

05-03-2004 90734 029 ***150.00

DOCUMENT # P03000132985

1. Entity Name
EAST COAST PAINTING & COATING, INC.



Principal Place of Business
**HC01 BOX 57K
WHITE SPRINGS, FL 32096**

Mailing Address
**HC01 BOX 57K
WHITE SPRINGS, FL 32096**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0396960

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, GLORIA
H01 BOX 57K
WHITE SPRINGS, FL 32096**

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

[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
Due by September 8, 2004**

9. "Election" Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE **P** ☐ Delete
NAME **DAVIS, FRANK**
STREET ADDRESS **H01 BOX 57K**
CITY-ST-ZIP **WHITE SPRINGS, FL 32096**

TITLE **SEC** ☐ Delete
NAME **DAVIS, GLORIA**
STREET ADDRESS **H01 BOX 57K**
CITY-ST-ZIP **WHITE SPRINGS, FL 32096**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
66434074
Doc. # 103000132985 -

Due to the 911 address change I did not receive the rejected document.

I have been in the hospital and apologize for the lateness of this letter.

Thank you

A handwritten signature in black ink, appearing to read 'Gloria Davis', with a long horizontal flourish extending to the right.

Gloria Davis