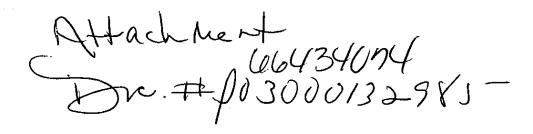
FILED Sep 24, 2004 8:00 am Secretary of State

2004 FC	ANNUAL REPORT	IUN

DOCUMENT # P03000132985 1. Enlity Name EAST COAST PAINTING & COATING, INC.					05-03-2004	90734 029 ***	*150.00	
Principal Place of Business HC01 BOX 57K WHITE SPRINGS, FL 32096		Mailing Address HC01 BOX 57K WHITE SPRINGS, FL 32096		4 (88)(88) (1) 88(88	-		11 02 4 lk f es t	
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08192004	Chg-P C	CR2E034 (10/03)	**	
City & Stat	le .	City & State		4. FEI Number 20-0396	160	<u> </u>	plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired [\$8.75 Add Fee Required		
<u> </u>	6. Name and Address of Curren	Registered Agent	Name	7. Name and Add	ress of New Regis	stered Agent		
DAVIS, GLORIA H01 BOX 57K WHITE SPRINGS, FL 32096		Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL Zip Code	9	
the obligated SIGNATURE	e named entity submits this statement fittings of registered agent. Signature, typed or printed name of registered agent. LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	1.20	: Registered Agent signature requi	ired when reinstating)		DATE s. 607.193(2)(b), receive the prior r		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHA	NGES TO OFFICER	RS AND DIRECTORS	3 IN 11	
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP	P DAVIS, FRANK H01 BOX 57K WHITE SPRINGS, FL 32096	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1,000		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DAVIS, GLORIA H01 BOX 57K WHITE SPRINGS, FL 32096	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE.		☐ Delete	TITLE NAME			☐ Change	Addition Addition	
- STREET AUDRESS* CITY-ST-ZIP		e e e e e e e e e e e e e e e e e e e	STREET ADDRESS				T	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the co	certify that the information supplied with on this report or supplemental report proration or the receiver or trustee emply or on an attachment with an address,	is true and accurate and that mo cowered to execute this report	ny signature shall have th as required by Chapter &	ie same legal effect as i	if made under oath:	that I am an officer	or director	



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

Gloria Davis