

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000137132

1. Entity Name

EAST COAST OCEAN SPORTS, INC.



Principal Place of Business

**914 WELLS DR
S DAYTONA FL 32119**

Mailing Address

**914 WELLS DR
S DAYTONA FL 32119**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

20-1835736

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

**SIMPSON, SCOTT E
595 W GRANADA BLVD SUITE A
ORMOND BEACH FL 32174**

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, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PDCM**
STREET ADDRESS **DEBLOOM, MICHAEL G**
CITY- ST- ZIP **914 WELLS DR**
SOUTH DAYTONA BEACH FL 32119

☐ Change ☐ Add
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000445779
03/07/06-80063-009 150.00

TITLE ☐ Delete
NAME **VTS**
STREET ADDRESS **DEBLOOM, TARA**
CITY- ST- ZIP **914 WELLS DR**
SOUTH DAYTONA BEACH FL 32119

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michael G. DeBloom* **Michael G. DeBloom**

2-20-06 386-235-2084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If