

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000155874

FILED
Jul 21, 2009
Secretary of State**Entity Name:** EAST COAST RIGHT OF WAY MAINTENANCE, INC.**Current Principal Place of Business:**375 N. MAIN ST.
LABELLE, FL 33935**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 670
ANDREWS, NC 28901**New Mailing Address:****FEI Number:** 20-1891197**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RIVERA, JOSEPH D
375 N. MAIN ST.
LABELLE, FL 33935 US**Name and Address of New Registered Agent:**SMITH, ROBERT W
375 N. MAIN ST.
LABELLE, FL 33935 US

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.

SIGNATURE: ROBERT W. SMITH

07/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, ROBERT W
Address: 375 N. MAIN ST.
City-St-Zip: LABELLE, FL 33935

Title: VP (X) Delete
Name: JOSEPH, RIVERA D
Address: 375 N. MAIN ST.
City-St-Zip: LABELLE, FL 33935

Title: S (X) Delete
Name: RIVERA, JOSEPH D
Address: 375 N. MAIN ST.
City-St-Zip: LABELLE, FL 33935

Title: T (X) Delete
Name: RIVERA, JOSEPH D
Address: 375 N. MAIN ST.
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. SMITH

PD

07/21/2009

Electronic Signature of Signing Officer or Director

Date