


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/2/2005-90013-014-\$150.00-\$150.00

DOCUMENT # P04000157403					
1. Entity Name EAST COAST AUTO REPAIR, INC.					
Principal Place of Business 4570 BABCOCK STREET NE #14 PALM BAY FL 32905			Mailing Address 4570 BABCOCK STREET NE #14 PALM BAY FL 32905		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 15-8013199954-1	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DANIELS, RONEY 4570 BABCOCK STREET NE #14 PALM BAY FL 32905				7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered agent signature required when re-registering)					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	NAME		NAME	
NAME	DANIELS, RONEY	STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS	4570 BABCOCK STREET NE #14	CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP	PALM BAY FL 32905	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME		NAME	
NAME		STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME		NAME	
NAME		STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME		NAME	
NAME		STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		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: <u>Roney m Daniels</u>				08-29-05 321-652-7737	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

FILED

05 SEP 19 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



T. Roberts SEP 20 2005

2nd MOORE CR2E034 (5/05)

4. FEI Number
15-8013199954-1

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

FILE NOW!!! FEE IS \$550.00

DUE BY September 7, 2005

Make Check Payable to Florida Department of State

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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 D ☐ Delete

NAME DANIELS, RONEY

STREET ADDRESS 4570 BABCOCK STREET NE #14

CITY-ST-ZIP PALM BAY FL 32905

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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CITY-ST-ZIP

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SIGNATURE: Roney m Daniels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-29-05 321-652-7737
Date Daytime Phone #