

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000003067

FILED
May 06, 2009
Secretary of State**Entity Name:** EASTCOAST STONE PAVERS, INC.**Current Principal Place of Business:**930 W. ELEVENTH AVENUE
MOUNT DORA, FL 32757**New Principal Place of Business:****Current Mailing Address:**930 W. ELEVENTH AVENUE
MOUNT DORA, FL 32757**New Mailing Address:****FEI Number:** 20-2139524**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**NICKERSON, BRUCE L
930 W. ELEVENTH AVENUE
MOUNT DORA, FL 32757 US**Name and Address of New Registered Agent:**NICKERSON, NOEL A
215 EAST GRANT STREET
ORLANDO, FL 32806 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: NOEL A. NICKERSON

05/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: NICKERSON, BRUCE L
Address: 930 W. ELEVENTH AVENUE
City-St-Zip: MOUNT DORA, FL 32757**Title:** V () Delete
Name: NICKERSON, SETH B
Address: 40624 CENTRAL AVE
City-St-Zip: UMATILLA, FL 32784**Title:** V (X) Delete
Name: NICKERSON, NOEL A
Address: 215 EAST GRANT ST.
City-St-Zip: ORLANDO, FL 32806**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: NICKERSON, NOEL A
Address: 215 EAST GRANT STREET
City-St-Zip: ORLANDO, FL 32806**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: NOEL A. NICKERSON

PRES

05/06/2009

Electronic Signature of Signing Officer or Director

Date