

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101546

Entity Name: EAST COAST TOWER, INC.

FILED
Aug 20, 2009
Secretary of State

Current Principal Place of Business:

5197 TOMOKA COURT
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

5197 TOMOKA COURT
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-3269294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIGDA, JOSEPH R
5197 TOMOKA COURT
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIGDA, JOSEPH R
Address: 5197 TOMOKA COURT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S () Delete
Name: SIGDA, EVELYN
Address: 5197 TOMOKA COURT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: REKIC, FAHRUNDIN
Address: 501 CHANCELLOR DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32225

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:

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: JOSEPH SIGDA

P

08/20/2009

Electronic Signature of Signing Officer or Director

Date