

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000154195

Entity Name: EAST COAST DOCKS, INC.

**FILED**  
**Aug 21, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

5235 PALMETTO DRIVE  
MELBOURNE BEACH, FL 32951

## **New Principal Place of Business:**

## **Current Mailing Address:**

5235 PALMETTO DRIVE  
MELBOURNE BEACH, FL 32951

## **New Mailing Address:**

FEI Number: 20-3841889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

DEFILLIPS, STEVEN R  
5235 PALMETTO DRIVE  
MELBOURNE BEACH, FL 32951 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

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DEFILLIPS, STEVEN R  
Address: 5235 PALMETTO DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D ( ) Delete  
Name: DEFILLIPS, PENNY A  
Address: 5235 PALMETTO DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: DEFILLIPS, STEVEN R  
Address: 5235 PALMETTO DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951

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

Title: VPO ( ) Change (X) Addition  
Name: MCDONALD, DANIEL  
Address: 5235 PALMETTO DRIVE  
City-St-Zip: MELBOURNE BEACH, FL

Title: VPS ( ) Change (X) Addition  
Name: MOUTSATSOS, RUSSELL  
Address: 5235 PALMETTO DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951

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: STEVEN R DEFILLIPS

DPST

08/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date