Apr 29 08 12:07p S & D Enterprises 3

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May 02, 2008 8:00 am
Secretary of State
05-02-2008 90135 040 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000016644

1. Entity Name
EAST COAST QUALITY CONSTRUCTION, INC.

40093185

Principal Place of Business	Mailing Address
481 E. RIVIERA BLVD. INDIALANTIC, FL 32903	481 E. RIVIERA BLVD. INDIALANTIC, FL 32903

04292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2185 N. Riverside Drive	2185 N. Riverside Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indialantic, Fl	City & State: Indialantic, Fl
Zip: 32903 / Country: Brevard	Zip: 32903 - / Country: Brevard

4. FEI Number: 20-4253004 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RINDERKNECHT, WARREN J 481 E. RIVIERA BLVD. INDIALANTIC, FL 32903	Name: Warren J. RinderKnecht Street Address (P.O. Box Number is Not Acceptable): 2185 N. Riverside Dr. City: Indialantic FL Zip Code: 32903

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: [signature] Warren RinderKnecht DATE: 4-28-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P RINDERKNECHT, WARREN J 481 E. RIVIERA BLVD. INDIALANTIC, FL 32903	☐ Delete	P Warren J. RinderKnecht 2185 N. Riverside Dr. Indialantic, Fl 32903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 4-28-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #