

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90031 013 \*\*\*150.00

DOCUMENT # P06000023701

1. Entity Name

EASTERN COAST TOURS, INC.



Principal Place of Business

364 NORTH AVENUE  
NEW ROCHELLE NY 10801

Mailing Address

25 DAVENPORT AVE APT 58  
NEW ROCHELLE NY 10805



2. Principal Place of Business - No P.O. Box #

122A CASCADE ST

Suite, Apt. #, etc.

3. Mailing Address

41A LAKEVIEW ST

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

DELTONA FL

City & State

NEW ROCHELLE NY

4. FEI Number

20-8783628

Applied For

Not Applicable

Zip

32725

Country

Val

Zip

10805

Country

West

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, RON  
112A CASCADE  
DELTONA FL 32725

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

Ronald W. Harris

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

27 April 07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME HARRIS, RON ☒ Delete  
STREET ADDRESS 364 NORTH AVENUE  
CITY- ST- ZIP NEW ROCHELLE NY 10801

TITLE ☐ Delete  
NAME HARRIS RONALD W. (RON)  
STREET ADDRESS 122A CASCADE ST  
CITY- ST- ZIP DELTONA, FL 32725

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ronald W. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 April 07

Date

Daytime Phone #