


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2008 8:00 am**  
**Secretary of State**

09-09-2008 90001 035 \*\*\*150.00

DOCUMENT # P06000023701	
1. Entity Name EASTERN COAST TOURS, INC.	

Principal Place of Business 122A CASCADE ST DELTONA, FL 32725	Mailing Address 41A LAFAYETTE ST NEW ROCHELLE, NY 10805
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**40115434**



**DO NOT WRITE IN THIS SPACE**

05122008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-8783628	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

HARRIS, RON  
112A CASCADE  
DELTONA, FL 32725

*Duane Moore*  
*1951 Central Fl. Pkwy*  
*Orlando, FL 32837*

**DO NOT WRITE  
IN THIS SPACE**

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 *Duane Moore*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRIS, RON 122A CASCADE ST DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUANE MOORE 1951 Central Florida Pkwy Orlando, FL 32837
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**DO NOT WRITE  
IN THIS SPACE**

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: *Jonah W. Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/5/08*

Date

Daytime Phone #