

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90022 032 ***158.75

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1. Entity Name

**EAST COAST CONSTRUCTION COMPANY OF
JACKSONVILLE, INC.**



Principal Place of Business
1993 LARGO RD.
JACKSONVILLE FL 32207

Mailing Address
1993 LARGO RD.
JACKSONVILLE FL 32207



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-8190409

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

**EDCOLAW, INC.
6 E. BAY ST., STE. 500
JACKSONVILLE FL 32202**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: **D SALTmarsh, ERNEST O. III** ☐ Delete
STREET ADDRESS
CITY - ST - ZIP: **1993 LARGO RD.
JACKSONVILLE FL 32207**

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

TITLE
NAME: **D COOK, B. ALAN** ☐ Delete
STREET ADDRESS
CITY - ST - ZIP: **1351 HOLMESDALE RD.
JACKSONVILLE FL 32207**

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

TITLE
NAME: ☐ Delete
STREET ADDRESS
CITY - ST - ZIP: ☐ Delete

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

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:

ERNEST O. SALTmarsh III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/07 (904) 545-3017