


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90025 022 ***150.00

DOCUMENT # P07000106496	
1. Entity Name INTEGRITY SERVICE EAST COAST, INC	

Principal Place of Business 1511 E COMMERCIAL BLVD 37 OAKLAND PARK FL 33334	Mailing Address 1511 E COMMERCIAL BLVD 37 OAKLAND PARK FL 33334
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2. Principal Place of Business - No P.O. Box # 1511 E Commercial Blvd #37	3. Mailing Address 1511 E Commercial Blvd #37
Suite, Apt. #, etc. OAKLAND PK FL	Suite, Apt. #, etc. OAKLAND PK #37
City & State OAKLAND FL	City & State OAKLAND FL
Zip 33334	Country FLORIDA

2nd MOORE CR2E034 (4/08)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMMEL, BRIAN 1511 E COMMERCIAL BLVD 37 OAKLAND PARK FL 33334	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUMMEL, BRIAN 1511 E COMMERCIAL BLVD OAKLAND PARK FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **(954) 448-4841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #