


2007 FOR PROFIT CORPORATION- ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P93000023737	
1. Entity Name EAST COAST INVESTMENTS, INC.	

Principal Place of Business 7001 ALOMA AVENUE WINTER PARK, FL 32792	Mailing Address 65 RADTKE ROAD RANDOLPH, NJ 07869
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3177224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MONJARAS, VIRGINIA
7001 ALOMA AVE., FRONT OFFICE
WINTER PARK, FL 32792**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KNAPP, RICHARD D 65 RADTKE ROAD RANDOLPH, NJ 07869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNAPP, PATRICIA M 65 RADTKE ROAD RANDOLPH, NJ 07869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, RICHARD M 4384 N MILE HIGH DR PROVO, UT 84604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNAPP, PATRICIA M 65 RADTKE ROAD RANDOLPH, NJ 07869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000630350
02/20/07-80028-012 150.00

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: *Patricia M. Knapp* *Patricia M. Knapp* *2/6/07* *973-361-8332*

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