

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90524 009 ***150.00

DOCUMENT # P95000013421	
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1. Entity Name EAST COAST CANVAS & AWNING, INC.	Principal Place of Business 4015 PINES INDUSTRIAL AVE ROCKLEDGE, FL 32955 US	Mailing Address 4015 PINES INDUSTRIAL AVE ROCKLEDGE, FL 32955 US
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2. Principal Place of Business 2210 Cervado Ave Suite, Apt. #, etc. Melbourne Fla. City & State Zip 32935 Country Brazil	3. Mailing Address 1814 Hudson Dr. Rockledge Fl 32955 Suite, Apt. #, etc. Rockledge City & State Zip 32955 Country Brazil
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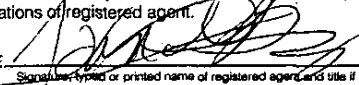


04232004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3295330	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERRY, CAROLYN 4015 PINES INDUSTRIAL AVE ROCKLEDGE, FL 32955	7. Name and Address of New Registered Agent Name John C. Berry Street Address (P.O. Box Number is Not Acceptable) 1814 Hudson Dr. City Rockledge FL Zip Code 32955
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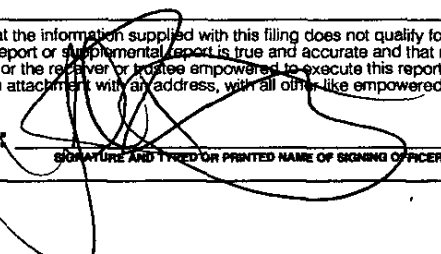
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 4-23-04

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 P	NAME BERRY, CAROLYN	☒ Delete	
STREET ADDRESS 4015 PINES INDUSTRIAL AVE		TITLE John C. Berry Pres.	☒ Change ☐ Addition
CITY-ST-ZIP ROCKLEDGE, FL		STREET ADDRESS 1814 Hudson Dr	
		CITY-ST-ZIP Rockledge, Fl. 32955	
TITLE DVP	NAME BERRY, JOHN	☒ Delete	
STREET ADDRESS 4015 PINES INDUSTRIAL AVE		TITLE DVP	☒ Change ☐ Addition
CITY-ST-ZIP ROCKLEDGE, FL		STREET ADDRESS 1814 Hudson Dr	
		CITY-ST-ZIP Rockledge, Fl. 32955	
TITLE		☐ Delete	
NAME		TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		☐ Delete	
NAME		TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		☐ Delete	
NAME		TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/23/04 321 636-0196**