# 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

1. Entity Name
EAST COAST CANVAS & AWNING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4015 PINES INDUSTRIAL AVE<br>ROCKLEDGE, FL 32955 US | 4015 PINES INDUSTRIAL AVE<br>ROCKLEDGE, FL 32955 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2210 Avocado Ave | 1814 Hudson Dr. |
| Suite, Apt. #, etc. ~~Melbourne~~ | Suite, Apt. #, etc. Rockledge Fl 32955 |
| City & State Melbourne Fla. | City & State Rockledge |
| Zip 32935 Country Brevard | Zip 32955 Country Brevard |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| BERRY, CAROLYN<br>4015 PINES INDUSTRIAL AVE<br>ROCKLEDGE, FL 32955 | Name: John C. Berry<br>Street Address (P.O. Box Number is Not Acceptable): ~~4015 Sycamore Ave~~<br>1814 Hudson Dr.<br>City: Rockledge FL Zip Code: 32955 |

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: _____ 4-23-04
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**
**After May 1, 2004 Fee will be $550.00**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BERRY, CAROLYN<br>4015 PINES INDUSTRIAL AVE<br>ROCKLEDGE, FL<br>☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>John C Berry Pres.<br>1814 Hudson Dr<br>Rockledge, Fl. 32955<br>☑ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>BERRY, JOHN<br>4015 PINES INDUSTRIAL AVE<br>ROCKLEDGE, FL<br>☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>Aleigh Berry<br>1814 Hudson Dr<br>Rockledge, Fl. 32955<br>☑ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

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