

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000081265

1. Entity Name

EASTERN CONSTRUCTION CORP.



Principal Place of Business

445 WEST DRIVE  
SUITE 103  
MELBOURNE, FL 32904

Mailing Address

445 WEST DRIVE  
SUITE 103  
MELBOURNE, FL 32904



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

62-1619408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAUSER, HOWARD W  
394 EAST DRIVE  
MELBOURNE, FL 32904

**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

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

TITLE D  
NAME HAUSER, HOWARD W  
STREET ADDRESS 394 EAST DRIVE  
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE PD  
NAME OSTERHOUT, ALFRED B  
STREET ADDRESS 394 EAST DRIVE  
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE ST  
NAME BROWN, KIMBERLY  
STREET ADDRESS 22 COUNTRY CLUB RD.  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000141085  
04/29/04-80187-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 321-726-8543  
Date Daytime Phone #