## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000034065

City-St-Zip:

MALABAR, FL 32950

Entity Name: FASTCOAST APPLICATORS IN

FILED Feb 11, 2008 Secretary of State

Entity Name: EASTCOAST APPLICATORS, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
129 S.W. II W MELBO	RWIN ST. URNE, FL 32	904			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
129 S.W. II W MELBO	RWIN ST. URNE, FL 32	904			
FEI Number:	59-3363124	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
RICHARD E. TORPHY, P.A. 202 N. HARBOR CITY BLVD. SUITE 300 MELBOURNE, FL 32935 US			707 W. EAU GALLIE B	RICHARD E. TORPHY, P.A. 707 W. EAU GALLIE BLVD MELBOURNE, FL 32935 US	
	named entity of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				02/11/2008	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( TAYLOR, LIND 2755 WARING MALABAR, FL	LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( AWALT, THOM 887 EMERSON PALM BAY, FL	I DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VP ( TAYLOR, TOM 2755 WARING		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LINDA F TAYLOR PRES 02/11/2008