

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000034065

FILED
Mar 06, 2009
Secretary of State

Entity Name: EASTCOAST APPLICATORS, INC.

Current Principal Place of Business:

129 S.W. IRWIN ST.
W MELBOURNE, FL 32904

New Principal Place of Business:

1195 DORCHESTER AVE
W MELBOURNE, FL 32904

Current Mailing Address:

129 S.W. IRWIN ST.
W MELBOURNE, FL 32904

New Mailing Address:

1195 DORCHESTER AVE
W MELBOURNE, FL 32904

FEI Number: 59-3363124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD E. TORPHY, P.A.
707 W. EAU GALLIE BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

RICHARD E. TORPHY, P.A.
400 EAST STRAWBRIDGE AVE
MELBOURNE, FL 32901 US

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.

SIGNATURE: _____

03/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR, LINDA F
Address: 2755 WARING LANE
City-St-Zip: MALABAR, FL 32950

Title: S () Delete
Name: AWALT, THOMAS
Address: 887 EMERSON DRIVE
City-St-Zip: PALM BAY, FL

Title: VP () Delete
Name: TAYLOR, TOM A JR
Address: 2755 WARING LANE
City-St-Zip: MALABAR, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LINDA TAYLOR

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date