

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000034065

**FILED**  
**Jul 28, 2009**  
**Secretary of State****Entity Name:** EASTCOAST APPLICATORS, INC.**Current Principal Place of Business:**1195 DORCHESTER AVE  
W MELBOURNE, FL 32904**New Principal Place of Business:****Current Mailing Address:**1195 DORCHESTER AVE  
W MELBOURNE, FL 32904**New Mailing Address:****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.  
400 EAST STRAWBRIDGE AVE  
MELBOURNE, FL 32901 US**Name and Address of New Registered Agent:**TOM A TAYLOR, JR.  
1195 W. DORCHESTER AV E  
W. MELBOURNE, FL 32904 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: TOM A. TAYLOR, JR.

07/28/2009

Electronic Signature of Registered Agent

Date

**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

07/28/2009

Electronic Signature of Signing Officer or Director

Date