

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026523

Entity Name: EAST COAST PLAZA, INC.

FILED  
Jan 22, 2009  
Secretary of State

## Current Principal Place of Business:

291 SOUTH YONGE STREET  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

## Current Mailing Address:

291 SOUTH YONGE STREET  
ORMOND BEACH, FL 32174

## New Mailing Address:

FEI Number: 59-3435629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELL, DALE A.  
291 SOUTH YONGE STREET  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BOICE, CURT J  
Address: COMANCHE COVER  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: BELL, DALE A  
Address: 17 LONGFELLOW CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: RIPPLE, THOMAS  
Address: 720 RAVEN ROCK COURT  
City-St-Zip: PORT ORANGE, FL 32127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TS (X) Change ( ) Addition  
Name: BOICE, CURT J  
Address: COMANCHE COURT  
City-St-Zip: PALM COAST, FL 32137

Title: PRES (X) Change ( ) Addition  
Name: BELL, DALE A  
Address: 17 LONGFELLOW CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP (X) Change ( ) Addition  
Name: RIPPLE, THOMAS  
Address: 69 CHRISTOPHER COURT  
City-St-Zip: PALM COAST, FL 32137

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: CURT BOICE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TS

01/22/2009

\_\_\_\_\_  
Date