

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045579

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** EAST COAST WELLS & PUMP SERVICES, INC.

**Current Principal Place of Business:**

1571 NORTHWOOD DR  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 860179  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 59-3457276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWINDULL, KARL D  
1571 NORTHWOOD DRIVE  
ST. AUGUSTINE, FL 32084 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: DP  
Name: SWINDULL, KARL D  
Address: 1571 NORTHWOOD DR  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: DVP  
Name: SWINDULL, POLLY W  
Address: 1571 NORTHWOOD DR  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: POLLY W. SWINDULL

DVP

04/21/2010

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

\_\_\_\_\_ Date