

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90097 022 ***150.00

DOCUMENT # P99000027699

1. Entity Name
EAST COAST DOOR, INC.



Principal Place of Business
**341 S.E. 6TH TERR.
POMPAÑO BEACH, FL 33060**

Mailing Address
**341 S.E. 6TH TERR.
POMPAÑO BEACH, FL 33060**



2. Principal Place of Business
1311 SE 4 Ave
Suite, Apt. #, etc.

3. Mailing Address
1311 SE 4 Ave
Suite, Apt. #, etc.

City & State
Pompano Beach, FL
Zip
33060

City & State
Pompano Beach, FL
Zip
33060

04172006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0913917

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STROCK, BARTON S
6600 TAFT STREET
SUITE 420
HOLLYWOOD, FL 33024**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, ROSEMARY P	
STREET ADDRESS	600 S.E. 5TH TERR.	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	CLARK, LISA	
STREET ADDRESS	341 S.E. 6TH TERR.	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1311 SE 4 Avenue	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa Clark, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06 951-941-3751
Date Daytime Phone #