2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P99000072169 1. Entity Name EACT COACT CEDVICE & DEBAID INC

FILED Feb 09, 2007 08:00 AM Secretary of State

EAST COAST SERVICE & REPAIR, INC.								
Principal Place of Business 11384 TANGERINE BLVD WEST PALM BEACH FL 33412		Mailing Address 11384 TANGERINE BLVD WEST PALM BEACH FL 33412						
2. Principal Place of Businoss - No P.O. Box #		3. Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Suile, Apt. #, atc.		Suito, Apt #. olc.		1st MOORE CR2E034 (10/06)				
City & State		City & State			4. FEI Num	ber 65-0945781	<u> </u>	pplied For
Zıp	Country	Zip Count		ntry	5. Cortificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	legistered Agent			7. Name and Address of New Registered Agent			
LEITHELICED MENNETH D				Namo .				
113	THEUSER, KENNETH R 84 TANGERINE BLVD ST PALM BEACH FL 33412		Street Address		(P.O. Box Number is Not Acceptable)			
				City			Zıp Cod	<u>.</u>
				,		FL	- '	
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing	g its registere	od office or registore	od agent, or b	oth, in the State of Florida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title i' applicable . ((NOTE: Registered	d Agent signature required	wnen reinstalling)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financ Trust Fund Contribution.		.00 May Be ed to Fees
10.	OFFICERS AND		11.		ADDITIONS	 B/CHANGES TO OFFICERS AND	DIBECTOR	S IN 11
TITLE	Р	□ Delete	IIIti	- ·	ADDITIONS	JOHANGEO TO OTT ICENS AND	☐ Change	Addition
NAMI	LEITHEUSER, KENNETH R		NAMI				"	_
STRLET ADDRESS CHY-ST-ZIP	11384 TANGERINE BLVD WEST PALM BEACH FL 33412			ET ADDRESS · ST-7IP		U00000629046 02/16/07-80041-01	0 150.0	0
TITLE		☐ Delele	11116				☐ Change	Addition
NAME.			NAMi					
STRULI ADDRESS City-St-Zip				I.I ADDRESS				
				ST-ZIP				
TIJLI NAME		☐ Driele	HILLS NAME	ı			Citalige -	Addition
STREET ADDRESS			4	ET ADDRESS				
CITY-SI-ZIP				SI-7P				
THTC.		☐ Delete	TOTAL			· · - · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAMI'			NAMI	- 1				
STREET ADDRESS				LI ADDRESS				
CHY-SI-ZIP			CITY+	SI-ZIP				
THIE		☐ Delete	(I)(£				Change	Addition
STREET ADDRESS			NAME STREE	T ADDRESS				
CHTY+ST-ZIP				SI-ZIP				
Intr		☐ Delete	TILLE			-	☐ Change	Addilion
NAME			NAME					_
STREET ADDRESS				T ADDRESS				
CITY-SI-ZIP CITY-S 12. I hereby certify that the information supplied with this filing does not qualify for the exc				S1-ZIP				
12. hereby o	ertity that the information supplied with	this filing does not quali	ify for the exe	emptions contained	d in Section 11	Florida Statutes. I further cer	tify that the in	nformation

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 eath, 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:

Kennett Lutterer Kenneth R Leitheuser

2-6-07