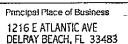
## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P99000082116** 1. Entity Name EAST COAST TEE'S AND SUNGLASSES, INC.

**FILED** Jan 24, 2005 08:00 AM Secretary of State



Mailing Address

1216 E ATLANTIC AVE DELRAY BEACH, FL 33483



DO NOT WRITE IN THIS SPACE

01212005	No Chg-P	CR2E034 (10/03
01212000	ING CHIGHT	OFFECOST (TOT

65-0982744		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

4. FEI Number

Fee Required

Applied For

6. Name and Address of Current Registered Agent

BINETTE, DONALD 1216 E ATLANTIC AVE DELRAY BEACH, FL 33483

## DO NOT WRITE IN THIS SPACE

		<b>\</b>			·	
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 1 am familiar with, and accept the obligations of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable. (NOTE. Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			The state of the s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BINETTE, DONALD 1216 E ATLANTIC AVE DELRAY BEACH, FL 33483				U00000193211 01/25/05-80052-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BINETTE, MERIOITH 1216 E ATLANTIC AVE DELRAY BEACH, FL 33483		:		01,50,00 00005_011 100*60	
IITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		: :		IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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 recover 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 of an attachment with an address, with all other like empowered						

DON BINEHR,