

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000014693

**Entity Name:** EASTERN SHORES CONSTRUCTION, INC.

**FILED**  
**Mar 10, 2017**  
**Secretary of State**  
**CC6852686792**

**Current Principal Place of Business:**

1015 ATLANTIC BOULEVARD  
SUITE 240  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

1015 ATLANTIC BOULEVARD  
SUITE 240  
ATLANTIC BEACH, FL 32233

**FEI Number: 59-3532037**

**Certificate of Status Desired: No**

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

LEINENWEBER, ROBERT  
1015 ATLANTIC BOULEVARD  
SUITE 240  
ATLANTIC BEACH, FL 32233 US

*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

**Officer/Director Detail :**

Title DP  
Name LEINENWEBER, ROBERT R  
Address 1015 ATLANTIC BLVD., STE. 240  
City-State-Zip: ATLANTIC BEACH FL 32233

Title VPD  
Name LEINENWEBER, LARA  
Address 1015 ATLANTIC BLVD., STE. 240  
City-State-Zip: ATLANTIC BEACH FL 32233

Title S  
Name LEINENWEBER, LARA  
Address 1015 ATLANTIC BLVD., STE. 240  
City-State-Zip: ATLANTIC BEACH FL 32233

*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: ROBERT LEINENWEBER**

**DP**

**03/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date