

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90017 022 ***150.00

DOCUMENT # P03000132985

1. Entity Name

EAST COAST PAINTING & COATING, INC.



Principal Place of Business

**388 NE FRANK JAMES RD
WHITE SPRINGS FL 32096**

Mailing Address

**388 NE FRANK JAMES RD
WHITE SPRINGS FL 32096**

2. Principal Place of Business - No P.O. Box #

388 NE FRANK JAMES RD

Suite, Apt. #, etc.

3. Mailing Address

388 NE FRANK JAMES RD

Suite, Apt. #, etc.

City & State

White Springs, FL

Zip

32096

Country

Columbia

City & State

White Springs, FL

Zip

32096

Country

Columbia

4. FEI Number

20-0396960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, GLORIA
H01 BOX 57K
WHITE SPRINGS FL 32096**

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 re-instating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	DAVIS, FRANK	
STREET ADDRESS	388 NE FRANK JAMES RD	
CITY - ST - ZIP	WHITE SPRINGS FL 32096	

TITLE	SEC	☐ Delete
NAME	DAVIS, GLORIA	
STREET ADDRESS	388 NE FRANK JAMES RD	
CITY - ST - ZIP	WHITE SPRINGS FL 32096	

TITLE		☐ Delete
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CITY - ST - ZIP		

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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	388 NE FRANK JAMES RD	
STREET ADDRESS	White Springs, FL 32096	
CITY - ST - ZIP		

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STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-07

386752-1037

Date

Daytime Phone #