

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 395208

1. Entity Name
ECHO BLUEPRINT CO.



Principal Place of Business

13423 ALVA ST
HUDSON, FL 34667

Mailing Address

13423 ALVA ST
HUDSON, FL 34667



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1377308

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRICK, PETER O.
1511 REGENCY PARK BLVD.
PORT RICHEY, FL 33568

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000904930
05/01/08-80032-006 150.00

10. OFFICERS AND DIRECTORS

TITLE STD
NAME NAUMANN, LONNIE R
STREET ADDRESS 8313 GULF WY
CITY-ST-ZIP HUDSON, FL 34667

TITLE VD
NAME NAUMANN, LYLE L
STREET ADDRESS 3025 DURHAM DR
CITY-ST-ZIP PORT RICHEY, FL 34660

TITLE PD
NAME NAUMANN, LANCE W
STREET ADDRESS 11807 ENTERPRISE DRIVE
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

727-863-3246

Daytime Phone #