


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22502</b> 1. Entity Name ECONFINA ESCAPE OWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O LARRY HODSON 2201 JENKS AVENUE PANAMA CITY, FL 32405	Mailing Address C/O LARRY HODSON 2201 JENKS AVENUE PANAMA CITY, FL 32405
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03082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2898414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HODSON, LARRY  
2201 JENKS AVENUE  
PANAMA CITY, FL 32405

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODSON, LARRY 2201 JENKS AVENUE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODSON, CAROLE B. 2201 JENKS AVENUE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOFF, ROBERT ROUTE B BOX 1410 YOUNGSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000505304  
04/26/06-90110-018 61.25

**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 617, 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

4-10-06 1007690325  
Date Daytime Phone #