

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90248 007 ***150.00

DOCUMENT # P02000069409



1. Entity Name
 ECKCOE, INC.

Principal Place of Business
 7142 N. UNIVERSITY DRIVE
 TAMARAC, FL 33321

Mailing Address
 7142 N. UNIVERSITY DRIVE
 TAMARAC, FL 33321

01010001



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1643320	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

ECKERT, REID
 7142 N. UNIVERSITY DRIVE
 TAMARAC, FL 33321

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	P ECKERT, REID 7142 N. UNIVERSITY DRIVE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COE, LEE 7142 N. UNIVERSITY DRIVE TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Reid Eckert Date: 4/23/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR