

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90070 021 ***150.00

DOCUMENT # P04000087491



1. Entity Name
EFC ASSOCIATES, INC.

Principal Place of Business Mailing Address
5887 110TH WAY NORTH SEMINOLE FL 33772



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
11125 PARK BLVD
 Suite, Apt. #, etc.
SUITE 104-305
 City & State
SEMINOLE, FLORIDA
 Zip
33772-4700 Country
U.S.A.

3. Mailing Address
11125 PARK BLVD
 Suite, Apt. #, etc.
SUITE 104-305
 City & State
SEMINOLE, FLORIDA
 Zip
33772-4700 Country
USA

4. FEI Number
51-0511148 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CLARK, ERICA
5887 110TH WAY NORTH
SEMINOLE FL 33772

7. Name and Address of New Registered Agent
 Name
E. CLARK
 Street Address (P.O. Box Number is Not Acceptable)
11125 PARK BLVD
SUITE 104-305
 City
SEMINOLE, FL Zip Code
33772-4700

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 *Erica Clark* pres. **ERICA CLARK** DATE **3/30/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT CLARK, ERICA 5887 110TH WAY NORTH SEMINOLE FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11125 PARK BLVD, SUITE 104-305 SEMINOLE, FL 33772-4700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Erica Clark* **ERICA CLARK** DATE **3/30/05** Daytime Phone # **727-709-1174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR