

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 285588

1. Entity Name
E. N. C., INC.



Principal Place of Business

EAST HUNT BROS ROAD
P O BOX 631
LAKE WALES, FL 33859-0631

Mailing Address

EAST HUNT BROS ROAD
P O BOX 631
LAKE WALES, FL 33859-0631



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1082042	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

MATTESON, JOHN, S
S.E. HUNT BROS. RD
LAKE WALES, FL 33853

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing -
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U60000619468-
02/08/07-80074-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT, G. ELLIS, JR. EAST HUNT BROS RD. LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HUNT, W. DEE EAST HUNT BROS. RD LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTESON, JOHN S EAST HUNT BROS RD LAKE WALES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

John S. Matteson
1/31/07 (863) 676-9471
Date Daytime Phone #