

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 387635

1. Entity Name
ECONOMICS CORP.



Principal Place of Business
P O BOX 626
PO BOX 626
WINTER PARK, FL 32790

Mailing Address
P O BOX 626
PO BOX 626
WINTER PARK, FL 32790

DO NOT WRITE IN THIS SPACE

FILED
Jan 16, 2004 08:00 AM
Secretary of State



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1373464

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECK, JOHN WILLIAM
457 N INTERLACHEN AVE
WINTER PARK, FL 32789

**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, 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	PD BECK, JOHN WILLIAM 457 N INTERLACHEN AVE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, DENISE B. 1850 CADENCE COURT OVIEDO, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECK, DELORES G. 457 N INTERLACHEN AVE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/04-80021-002 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1/14/2004 (407) 289-1124
Date Daytime Phone #