

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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



01202006 No Chg-P CR2E034 (11/05)

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BECK, JOHN WILLIAM
STREET ADDRESS 457 N INTERLACHEN AVE
CITY-ST-ZIP WINTER PARK, FL

TITLE VPD
NAME SMITH, DENISE B.
STREET ADDRESS 1850 CADENCE COURT
CITY-ST-ZIP OVIEDO, FL 32766

TITLE SD
NAME BECK, DELORES G.
STREET ADDRESS 457 N INTERLACHEN AVE
CITY-ST-ZIP WINTER PARK, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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

President

1-26-06

407-629-1124

DATE

Daytime Phone #