

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 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



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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

000000582937

01/11/07-80051-001 150.00

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	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #