

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 395208

1. Entity Name
 ECHO BLUEPRINT CO.



Principal Place of Business

13423 ALVA ST
 HUDSON, FL 34667

Mailing Address

13423 ALVA ST
 HUDSON, FL 34667



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1377308

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRICK, PETER O.
 1511 REGENCY PARK BLVD.
 PORT RICHEY, FL 33568

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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, 2008 Fee will be \$550.00

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

U00000904930
 05/01/08-80032-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	NAUMANN, LONNIE R
STREET ADDRESS	8313 GULF WY
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	VD
NAME	NAUMANN, LYLE L
STREET ADDRESS	3025 DURHAM DR
CITY-ST-ZIP	PORT RICHEY, FL 34660
TITLE	PD
NAME	NAUMANN, LANCE W
STREET ADDRESS	11807 ENTERPRISE DRIVE
CITY-ST-ZIP	PORT RICHEY, FL 34668
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

4/15/08

Date

727-863-3246

Daytime Phone #