

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # 555255

1. Entity Name
ECM OF CLEWISTON, INC.



Principal Place of Business —
210 W. SUGARLAND HIGHWAY
CLEWISTON, FL 33440

Mailing Address
P.O. BOX 406
ALVA, FL 33920 US



01302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1792960 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEREDITH, EARL D.
19190 PARKINSON RD.
ALVA, FL 33920

**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, 2005 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	MEREDITH, EARL D.
STREET ADDRESS	19190 PARKINSON RD.
CITY-ST-ZIP	ALVA, FL 33920
TITLE	ST
NAME	MEREDITH, CAROLYN S.
STREET ADDRESS	19190 PARKINSON RD.
CITY-ST-ZIP	ALVA, FL 33920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/05-80011-010 150.00

**DO NOT WRITE
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:

Carolyn S. Meredith
CAROLYN S. MEREDITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-5 (863) 993-2065

Date

Daytime Phone #