

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005798

Entity Name: ECDC, INC.

FILED
Jan 26, 2004
Secretary of State

Current Principal Place of Business:

105 S. CEDAR STREET, SUITE E
SUMMERVILLE, SC 29483

New Principal Place of Business:

Current Mailing Address:

105 S. CEDAR STREET, SUITE E
SUMMERVILLE, SC 29483

New Mailing Address:

FEI Number: 57-0944388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, DAVID
EDWARDS & COHEN
200 N. LAURA STREET, 12TH FLOOR
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HUTCHINSON, STEPHEN F
Address: 107 E. JOHNSTON ST.
City-St-Zip: SUMMERVILLE, SC 29483

Title: VSD () Delete
Name: ANSELL, PAUL A
Address: 199 OAK POINT LANDING DR
City-St-Zip: MT. PLEASANT, SC 29464

Title: AS () Delete
Name: MCCARTER, VERA
Address: 124 BROWNING LANE
City-St-Zip: SUMMERVILLE, SC 29483

Title: D () Delete
Name: HUTCHINSON, KATHLEEN L
Address: 107 E. JOHNSTON ST
City-St-Zip: SUMMERVILLE, SC 29483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERA MCCARTER

AS

01/26/2004

Electronic Signature of Signing Officer or Director

Date