

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H29892

Entity Name: ENTEC NATIONAL, INC.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

3049 E WITHLACOOCHEE TRAIL
DUNNELLON, FL 34434 US

New Principal Place of Business:

Current Mailing Address:

3049 E. WITHLACOOCHEE TRAIL
DUNNELLON, FL 34434 US

New Mailing Address:

PO BOX 831269
OCALA, FL 34483-126 US

FEI Number: 59-2466028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONKLIN, CRAIG
3049 E. WITHLACOOCHEE TRAIL
DUNNELLON, FL 33434 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: PD () Delete
Name: CONKLIN, CRAIG
Address: 3049 E. WITHLACOOCHEE TRAIL
City-St-Zip: DUNNELLON, FL 34434

Title: S () Delete
Name: CONKLIN, NANCY
Address: 3049 E WITHLACOOCHEE TRAIL
City-St-Zip: DUNNELLON, FL 34434

Title: T () Delete
Name: SMITH, JOEY
Address: 4418 SE 15TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: SMITH, JOEY
Address: 4392 SE 53RD STREET
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CRAIG CONKLIN

PD

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date