


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J06750**

1. Entity Name  
 ELECTRONIC CONTROL SERVICES CORPORATION



Principal Place of Business      Mailing Address

10721 KIM LANE      10721 KIM LANE  
 HUDSON, FL 34669 US      HUDSON, FL 34669 US

**DO NOT WRITE IN THIS SPACE**



04022004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-2659993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SEBOROWSKI, PATRICIA D  
 10721 KIM LANE  
 HUDSON, FL 34669

**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 Patricia Seborowski      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SEBOROWSKI, PATRICIA 10721 KIM LANE HUDSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEBOROWSKI, ROBERT 10721 KIM LANE HUDSON, FL
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 04/09/04 80030 004 150.00

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: Patricia Seborowski    Patricia Seborowski    4-1-04    727-856-4913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #