


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # J85258 1. Entity Name ECHOLS ENTERPRISES, INC. OF ORLANDO	
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Principal Place of Business C/O STEVE JOWERS 2158 S. HWY 441 APOKA, FL 32703	Mailing Address C/O STEVE JOWERS 2158 S. HWY 441 APOKA, FL 32703
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01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2827488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOWERS, STEVEN EDWARD
2158 S HWY 441
SUITE 103
APOKA, FL 32703**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLOSE, THOMAS L. 406 N.W. 3RD STREET OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOWERS, STEVEN EDWARD 2158 S HWY RR1, SUITE 103 APOKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOWERS, STEVEN EDWARD 2158 S HWY 441, SUITE 103 APOKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/02/05-80055-008 150.00

**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)(f), 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  **1/28/05** **(407) 880-1655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #