


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 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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01032006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

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

1000000426458
02/20/06-80043-020 150.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  2/6/06 407-880-1655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #