

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90001 018 ***150.00

DOCUMENT # K50232

1. Entity Name

ECOMETRY CORPORATION



Principal Place of Business

1615 SOUTH CONGRESS AVE
200
DELRAY BEACH FL 33445-6368
US

Mailing Address

1615 SOUTH CONGRESS AVE
200
DELRAY BEACH FL 33445-6368
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0090038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, WILBURN W
1615 SOUTH CONGRESS AVENUE
DELRAY BEACH FL 33445-6368

Name

Allan J Gardner

Street Address (P.O. Box Number is Not Acceptable)

1615 S. Congress ave

City Delray Beach

FL

Zip Code 33445

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME SMITH, WILBURN W
STREET ADDRESS 1615 SOUTH CONGRESS AVE
CITY-ST-ZIP DELRAY BEACH FL 33445-6368

TITLE D ☐ Delete
NAME GARDNER, ALLAN J
STREET ADDRESS 1615 SOUTH CONGRESS AVE
CITY-ST-ZIP DELRAY BEACH FL 33445-6368

TITLE P ☐ Delete
NAME MARRAH, JOHN
STREET ADDRESS 1615 CONGRESS AVE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE V ☐ Delete
NAME CRENSHAW, JOY
STREET ADDRESS 1615 CONGRESS AVE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

561-265-2700

Daytime Phone #