

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M71100

Entity Name: ETCHLIKE, INC.

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

% TIM BOVE  
208 E. MAGNOLIA ST.  
DAVENPORT, FL 33837

## New Principal Place of Business:

## Current Mailing Address:

5925 IMPERIAL PKWY  
STE 115  
MULBERRY, FL 33511

## New Mailing Address:

FEI Number: 59-2886290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOVE, TIM  
208 E. MAGNOLIA ST.  
DAVENPORT, FL 33837 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: BOVE, TIM  
Address: 208 E. MAGNOLIA ST.  
City-St-Zip: DAVENPORT, FL 33837

Title: VTSD ( ) Delete  
Name: JOY, STEPHEN  
Address: 1805 CHERRY RIDGE LN.  
City-St-Zip: BRANDON, FL 33511

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TIMOTHY BOVE

PD

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date