

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M71100

Entity Name: ETCHLIKE, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

% TIM BOVE
3210 SR 546 #1107
HAINES CITY, FL 33837

Current Mailing Address:

5925 IMPERIAL PKWY
STE 115
MULBERRY, FL 33511

New Mailing Address:

3210 SR 546 #1107
HAINES CITY, FL 33844

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 A BOVE

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date