

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91007 017 ****61.25

DOCUMENT # N00000006762

1. Entity Name
ECONOMIC FUN, INC.



Principal Place of Business
**5725 CORPORATE WAY, STE 206
W PALM BEACH, FL 33407**

Mailing Address
**5725 CORPORATE WAY, STE 206
W PALM BEACH, FL 33407**

24067484



04292004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-1049368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KERR WARD, ZENORA
4312 HEATH CIR S
W PALM BEACH, FL 33407**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KERR WARD, ZENORA
4312 HEALTH CIR S
W PALM BEACH, FL 33407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CHESTNUT, CANTA Y
571 W 36TH ST
RIVIERA BEACH, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HARDNETT, ANGELA K
1025 14TH ST, #6
W PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 617, 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:

Zenora Kerr Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

(561)640-0284

Daytime Phone #