


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90012 032 ****61.25

DOCUMENT # N02000009744 1. Entity Name EC LG, INC.					
Principal Place of Business 31 FRANKLIN COURT S. ST. PETERSBURG, FL 33711			Mailing Address P.O. BOX 58281 ST. PETERSBURG, FL 33715		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 46785 Suite, Apt. #, etc.			
City & State ST PETERSBURG FL		City & State ST PETERSBURG FL		4. FEI Number 47-0903766	
Zip 33741		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIDGE, GEORGE E ESQ. 200 W. FORSYTH STREET SUITE 1200 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKENNA, WILLIAM J P.O. BOX 58281 ST. PETERSBURG, FL 33715		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 31 FRANKLIN COURT S. ST PETERSBURG, FL, 33711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANSON, ARTHUR J III 401 W. COLONIAL DRIVE, SUITE 2 ORLANDO, FL 32804		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 LEGION PLACE, SUITE 1700 ORLANDO FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRENN, GROVER C 5240 62ND AVENUE SOUTH ST. PETERSBURG, FL 33715		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKENNA, SHAR P.O. BOX 58281 ST. PETERSBURG, FL 33715		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 31 FRANKLIN COURT S. ST PETERSBURG FL 33711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIDGE, GEORGE E ESQ 200 W. FORSYTH STREET JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>WILLIAM J. MCKENNA JR.</u> 3-16-04 727 867 5811 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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