


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009744 1. Entity Name EC LG, INC.	
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Principal Place of Business 31 FRANKLIN COURT S. ST. PETERSBURG, FL 33711	Mailing Address PO BOX 46785 SAINT PETERSBURG, FL 33741
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01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0903766	Applied For Not Applicable
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. COOPER, RIDGE & LATINBERG, P.A 136 EAST BAY STREET, SUITE 301 JACKSONVILLE, FL 32202
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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000890954
04/23/08-R0006-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKENNA, WILLIAM J P.O. BOX 46785 ST. PETERSBURG, FL 33741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANSON, ARTHUR J III 1000 LEGION PLACE, STE 1700 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRENN, GROVER C 7319 DESERT RIDGE GLEN BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKENNA, SHAR PO BOX 46785 SAINT PETERSBURG, FL 33741
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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: WILLIAM J. MCKENNA JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08

Date

Daytime Phone #