


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90030 008 ****70.00

DOCUMENT # N38642 1. Entity Name ECONFINA PEOPLE OF FLORIDA, INC.					
Principal Place of Business 2427 HIGHWAY 301 SUMTERVILLE, FL 33585 US			Mailing Address PO BOX 1125 LAKE PANASOFFKEE, FL 33538 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3061575	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WALTERS, TIMOTHY 321 OLD WELCOME RD LITHIA, FL 33547				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> TD PENNINGTON, FAY 675 CR 522 SUMTERVILLE, FL </div> <div><input type="checkbox"/> Delete</div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> PD WALTERS, TIMOTHY A 321 OLD WELCOME ROAD LITHIA, FL </div> <div><input type="checkbox"/> Delete</div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> SDCA MANN, SHEILA L 4923 S HWY 301 BUSHNELL, FL 33573 </div> <div><input checked="" type="checkbox"/> Delete</div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> ASD Morgan, Wendy 201 E. Main Street Bronson, FL 32621 </div> <div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> ASD Walters, Betty 321 Old Welcome Rd. Lithia, FL 33547 </div> <div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> </div>				
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> ATD Pennington, Faye 675 CR 522 Sumterville, FL 33585 </div> <div><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> </div>				
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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: <i>Wendy Morgan Secy Pres.</i> 2/1/07 352-317-3051					
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #					