2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000312

1. Entity Name
ECO-RICA PRESERVATION, INC.

Principal Place of Business	Mailing Address
C.O PHOENIX 2603 NW 13 ST PMB 375 GAINESVILLE, FL 32609	C/O PHOENIX 2603 NW 13 ST, #375 GAINESVILLE, FL 32609

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01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3179952
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PHOENIX, HEART
2603 NW 13 ST
STE 177
GAINESVILLE, FL 32609

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D/P
NAME	TUBBS, MICHAEL E
STREET ADDRESS	15916 DOVER CLIFF DRIVE
CITY-ST-ZIP	LUTZ,, FL 33549
TITLE	DVT
NAME	PHOENIX, HEART A
STREET ADDRESS	2603 NW 13 ST., STE 375
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	DAVS
NAME	PHOENIX, RAIN
STREET ADDRESS	2603 NW 13 ST., STE 375
CITY-ST-ZIP	GAINESVILLE, FL
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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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: Arlyn Heart Phoenix ARLYN H. PHOENIX 1-30-04 352 466-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #