## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P00000003183** 

1. Entity Name

CHRÍSTINE C. ECK, C.P.A., P.A.



Principal Place of Business

910 N SUNCOAST BLVD CRYSTAL RIVER, FL 34429

Mailing Address

910 N SUNCOAST BLVD CRYSTAL RIVER, FL 34429

## FILED Mar 05, 2007 08:00 AM Secretary of State



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DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3618153 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ECK, CHRISTINE C 615 NO. AFTERGLOW CIRCLE CRYSTAL RIVER, FL 34429

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changi the obligations of registered agent.</li></ol>	ng its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, lyoped or ormited name of registered spent and life it applicable	(NOTE: Redistered Agent signature required when rejustational	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

U000000655988

10. OFFICERS AND DIRECTORS TITLE NAME ECK, CHRISTINE C STREET ADDRESS 615 NO. AFTERGLOW CIRCLE CRYSTAL RIVER, FL 34429 CITY + ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 it 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 607, 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07 352-563-75