


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000003183  
 1. Entity Name  
 CHRISTINE 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
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3618153	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

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

**DO NOT WRITE IN THIS SPACE**

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)

U000000815110  
 02/14/08 00000 010 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECK, CHRISTINE C 615 NO. AFTERGLOW CIRCLE CRYSTAL RIVER, FL 34429
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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 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: Christine C. Eck 1/31/08 352-523-2522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #