## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

## Jan 13, 2005 8:00 am Secretary of State **DOCUMENT # P00000046266** 01-13-2005 90004 037 \*\*\*150 00 1. Entity Name E & C INVESTIGATIONS, INC. Principal Place of Business Mailing Address 12940 175TH ROAD N. 10152 W. INDIANTOWN RD., PMB 185 JUPITER, FL 33478 JUPITER, FL 33478-4616 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1025947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEBB, CAROLE A DO NOT WRITE 12940 175TH ROAD N. JUPITER, FL 33478 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE WEBB, EARL J NAME 12940 175TH ROAD NORTH STREET ADDRESS CITY-ST-ZP JUPITER, FL 33478 TITLE WEBB, CAROLE NAME STREET ADORESS 12940 175TH RD N JUPITER, FL 33478 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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 expecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

hoowered.

OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

**FILED**