

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90248 005 ***150.00

DOCUMENT # P01000010907

1. Entity Name
E CO CONSULTANTS, INC.



Principal Place of Business
1523 8TH AVE W
SUITE B
PALMETTO, FL 34221

Mailing Address
1523 8TH AVE W
SUITE B
PALMETTO, FL 34221

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02212006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1073315

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFNER, ALEXANDER D
1523 8TH AVE W
STE B
PALMETTO, FL 34221

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Alexander D. Hoffner* *Alexander D. Hoffner* 3/23/06
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KING, BENJAMIN E
1523 8TH AVE W STE B
PALMETTO, FL 34221 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HOFFNER, ALEXANDER D
1523 8TH AVE W STE B
PALMETTO, FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BRYANT, CHRISTOPHER A
1523 8TH AVE W STE B
PALMETTO, FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WOLFE, CLIFFORD C
1523 8TH AVE W STE B
PALMETTO, FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD, TD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Alexander D. Hoffner* *Alexander D Hoffner* 3/23/06 941 722-0901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #