## FILED Apr 23, 2008 8:00 am Secretary of State 04-23-2008 90044 034 \*\*\*150.00

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNOA	LKEFOKI			_				
1. Entity Nam	MENT # P0100001 ECKMAN, INC.			4	00787b	(			
Principal Plac	e of Business			1 -					
Principal Place of Business Mailing Address 1801 S VOLUSIA AVE 1801 S VOLUSIA AV									
ORANGE CITY, FL 32763 ORANGE CITY, FL 32763									
		3. Mailing Address		**************************************	J  {ENITS				
2. Principal P	lace of Business - No P.O. Box #			<b>1010</b>      1010					
Suite, Apt. #, etc. Suite, Apt. #, etc.					-				
Suite, Apr. #, etc.					02202008	Chg-P	CR2E0	34 (12/06)	
City & State City & State					4. FEI Numbe	er		Ar	plied For
					59-374	6551			ot Applicable
Zip	Country Zip		Count	ry	5 Certificate	of Status Desired		\$8.75 Add	
			1					Fee Require	d
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent Name					
BECKMAN	N, MICHAEL		Name						
1801 S VOLUSIA AVE				Street Address (P.O. Box Number is Not Acceptable)					
ORANGE	CITY, FL 32763	-							
				City			FL	Zip Cod	e
9 The above	named entity submits this statement	Lfor the purpose of changing it	re regietere	nd office or register	red agent or bo	th in the State of Ele		familiar with	and accord
	tions of registered agent.	tion the purpose of changing it	a registere	a office of register	rec agent, or do	in, in the state of the	ilua. Taiit	ICH IN ICH WILLI,	and accept
SIGNATURE.	Signature, typed or printed name of registered ag-	ent and title if applicable (NO	TE: Registered	1 Agent signature required	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$55	9. Election Campa  O.00 Trust Fund Con			.00 May Be led to Fees				. 1
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE		·	,			, 🖸 Addition
NAME	BECKMAN, MICHAEL		NAME	:				· <b>-</b> • ·	
STREET ADDRESS	101 BALMORAL CT			et address					
CITY-ST-ZIP	DEBARY, FL 32713	Victoria de la Companya de la Compan	CITY-	-ST-ZIP					
TITLE	D	☐ Delete	TITLE	,				Change	☐ Addition
NAME	HILL, DAVID		NAME	L L					
STREET ADDRESS City-St-Zip				et adoress ·St-zip					
	ORANGE UIT, FL 32/03	<u> </u>				· · · · · · · · · · · · · · · · · · ·		<b></b>	
TITLE NAME		☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CiTY-ST-ZiP				-ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAMÉ			NAME	l l					
STREET ADDRESS			STRE	ET ADDRESS					
City-ST-ZiP			CITY	-ST-ZIP					
TITLE		☐ Delete	ŤłTLE	l l				Change	☐ Addition
NAME			NAMI	l l					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			-1-	-ST-ZIP				r	
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	<b>\</b>		NAM1 STRE	et address					
CITY-ST-ZIP				-ST-ZIP					
	certify that the information supplied v	with this filing does not evelify:			d in Chapter 119	Florida Statutes 1	further cor	tifu that the	nformation
indicated	t on this report or supplemental repo	rt is true and accurate and that	t my signat	ture shall have the	same legal effe	ct as if made under	oath; that I	am an officei	r or director
of the co	rporation or the receiver or trustee er	mpowered to execute this report ss, with all other like empowere	rt as requir d.	red by Chapter 60	7, Horida Statuti	es; and that my nam	e appears i	in Block 10 o	r Block 11 if
	1/1/25	~ ¬₹ ∩ «	_		1 100	~S/ "	~ ~	. ر سر	
SIGNAT	TURE: V Munhu	Mrs C X		L-	1-12-	<u> </u>	11:00	5-810	90
1	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	K OR DIRECT	UK		Date		AIVTIME Phone #	