


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000040761 1. Entity Name E-COM BUSINESS PRODUCTS, INC.	
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Principal Place of Business 4301 VINELAND ROAD SUITE E3 ORLANDO, FL 32811 0	Mailing Address 4301 VINELAND ROAD SUITE E3 ORLANDO, FL 32811 0
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3714433	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

4301
WOOD, ROBIN PRES.
4301 VINELAND ROAD
SUITE E3
ORLANDO, FL 32811

**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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P WOOD, ROBIN 4301 VINELAND ROAD, STE E3 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PREECE, VIVIEN 4301 VINELAND ROAD, STE E3 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MILHAUSEN, DAVID 4301 VINELAND ROAD, STE E3 ORLANDO, FL 32811
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/05-80035-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: R Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-05
Date

Daytime Phone #