## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 18, 2008 08:00 AM Secretary of State **DOCUMENT # P01000044165** 1. Entity Name E.C.C.I., INC. Principal Place of Business Mailing Address 2655 PARRISH ROAD PO BOX 8049 COCOA, FL 32924 COCOA, FL 32924 01242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-3716562 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAUGHFIELD, ROY DO NOT WRITE 2655 PARRISH ROAD COCOA, FL 32924 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signeture registed when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be U000000830803 Trust Fund Contribution. Added to Fees /26/08-80099-ONS 158.7S OFFICERS AND DIRECTORS 10. TITLE NAME CAUGHFIELD, ROY STREET ADDRESS 2655 PARRISH ROAD CITY-ST-ZIP COCOA, FL 32924 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE

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 empoyered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR