2008 FOR PROFIT CORPORATION ANNUAL REPORT

ØOCUMENT # P01000084464

Entity Name
 ECH, JR. COMPANY



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

1001 SHELDON COURT OVIEDO, FL 32765-5921 Mailing Address

1001 SHELDON COURT OVIEDO, FL 32765-5921



DO NOT WRITE IN THIS SPACE

01232008 No Chq-P CR2E034 (11/05)

4. FEI Number 59-3744178

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARAN, EUGENE C JR. 1001 SHELDON COURT OVIEDO, FL 32765-5921

DO NOT WRITE IN THIS SPACE

| | | | · · | | | | | • |
|--|--|--|--------|--------------------------------|---------------------------|---|--------|----------|
| 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE Signature upon or printed name of registered agent and its 4 applicable. (NOTE: Registered.) | | | | gistered agent, or bo | oth, in the State of Floo | ne State of Florida. I am familiar with, and acce | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | 9. Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | <u> </u> | 1440 | | <u>.</u> |
| 10. TITLE NAME STREET ADDRESS CITY ST-7/P | OFFICERS AND DIRECT PSTD HARAN, EUGENE C JR. 1001 SHELDON COURT OVIEDO, FL 327655921 | CTORS | | | 05/07/08-8 <u>0</u> | | 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | NOT W | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SP | ACE | · . , | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | name in | | |

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 pither like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-18-08

407-484-1934

Daytime Phone #