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Apr 08, 2005 8:00 am
Secretary of State
02-24-2005 90038 026 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000119238

1. Entity Name
E.B.C. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
RT 15 BOX 3007 LAKE CITY FL 32024	RT 15 BOX 3007 LAKE CITY FL 32024

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
3954 SW SR 47	3954 SW SR 47
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc. Suite 102
City & State Lake City, FL	City & State Lake City, FL
Zip 32024 Country USA	Zip 32024 Country USA

4. FEI Number 59-3760337 — 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
FLOREZ, EDUARDO E ~~RT 15 BOX 3007~~ 3954 SW SR 47 Suite 102 LAKE CITY FL 32024	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 ________ 1-31-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	D FLOREZ, EDUARDO E ~~[illegible]~~ 3954 SW SR 47 Suite 102 LAKE CITY FL ~~[illegible]~~ 32024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Vice President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRICE, RICHARD S 2602 PARKWOOD DR PANAMA CITY FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Barbara Zydek 3954 SW SR 47 Suite 102 Lake City, FL 32024 ☐ 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
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 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: ________ 3-31-04 3867556225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #