

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000104084 1. Entity Name ETCHE ONA, INCORPORATED					
Principal Place of Business 271 ORANGE STREET 403 OZONA, FL 34660			Mailing Address 9714-121TH STREET NORTH SEMINOLE, FL 33772		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08222005 Chg-P CR2E034 (10/03)	
4. FEI Number 06-8052140				☐ 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		
ALONSO, JORGE F 9714-121TH STREET, NORTH SEMINOLE, FL 33772			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Amended AR is \$61.25		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	PD BUNCH, PATRICIA 9714-121TH STREET, NORTH SEMINOLE, FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000445104 03/07/06-80032-001 61.25	
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	
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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: <i>Steve Bunch</i>			9/6/05 72772192		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		