


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90396 010 \*\*\*150.00

<b>DOCUMENT # P02000134305</b>			
<b>1. Entity Name</b> E&C HOSPITALITY, INC.			
<b>Principal Place of Business</b> 25330 NW 139 PLACE SALT SPRINGS FL 32134		<b>Mailing Address</b> 25330 NW 139 PLACE SALT SPRINGS FL 32134	
<b>2. Principal Place of Business</b> 3710 SW College Rd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 25330 NW 139 PL PT Suite, Apt. #, etc.	
<b>City &amp; State</b> Ocala FL		<b>City &amp; State</b> SALT SPRINGS FL	
<b>Zip</b> 34474		<b>Country</b> MARION	
<b>4. FEI Number</b> 06-1668956		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SNIFFIN, EARL R 25330 NW 139 PLACE SALT SPRINGS FL 32134		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b> _____			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SNIFFIN, EARL R 25330 NW 139 PLACE SALT SPRINGS FL 32134 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SNIFFIN, CATHERINE A 25330 NW 139 PLACE SALT SPRINGS FL 32134 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> <u>Catherine A. Sniffin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/30/04</b> <b>352-861-6161</b> <small>Date Daytime Phone #</small>	

66424114



MOORE CR2E034 (11/03)