

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P03000065023

1. Entity Name
ECCO CONES, INC.



Principal Place of Business
**4517 PALM BEACH POINT BLVD.
WELLINGTON, FL 33414**

Mailing Address
**4517 PALM BEACH POINT BLVD.
WELLINGTON, FL 33414**

DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number
81-0609763

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOGULL, IVAN
4517 PALM BEACH POINT BLVD
WELLINGTON, FL 33414**

**DO NOT WRITE
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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOGULL, IVAN
STREET ADDRESS	4517 PALM BEACH POINT BLVD.
CITY- ST- ZIP	WELLINGTON, FL 33414
TITLE	VD
NAME	MOGULL, MARCIA
STREET ADDRESS	4517 PALM BEACH POINT BLVD.
CITY- ST- ZIP	WELLINGTON, FL 33414
TITLE	SD
NAME	MOGULL, PETER L
STREET ADDRESS	360 EAST 72ND ST, 2702C
CITY- ST- ZIP	NEW YORK, NY 10021
TITLE	TD
NAME	MOGULL, F. DAVID
STREET ADDRESS	2600 ISLAND BLVD, # 2903
CITY- ST- ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/02/08-80026-013 150.00

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IN THIS SPACE**

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 empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/08