


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000113516	
1. Entity Name EROSION CONTROL SYSTEMS, INC.	

Principal Place of Business 8000 SE 23 DRIVE WEBSTER, FL 33597	Mailing Address 8000 SE 23 DRIVE WEBSTER, FL 33597
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

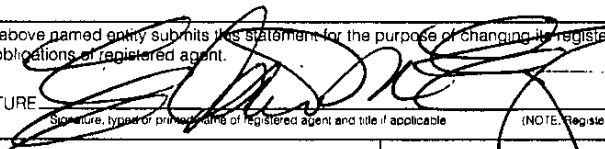
4. FEI Number 90-0125420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLINGSWORTH, ELAINE M
8000 SE 23 DRIVE
WEBSTER, FL 33597

**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  DATE 1/8/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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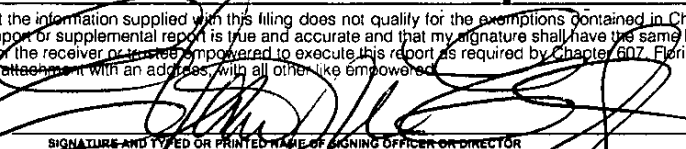
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLINGSWORTH, CHARLES 8000 SE 23 DRIVE WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLINGSWORTH, ELAINE M 8000 SE 23 DRIVE WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/18/08-80009-008 150.00

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:  DATE 1/8/08 DAYTIME PHONE 352/569-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR