

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122405

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: E C3 INC.

**Current Principal Place of Business:**

3705 EDGEWOOD AVENUE  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

3705 EDGEWOOD AVENUE  
FORT MYERS, FL 33916

**New Mailing Address:**

FEI Number: 20-0024134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOLZ, DAVID G CBSE  
3705 EDGEWOOD AVENUE  
FORT MYERS, FL 33916

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: BOLZ, DAVID G  
Address: 3705 EDGEWOOD AVENUE  
City-St-Zip: FORT MYERS, FL 33916

Title: P ( ) Delete  
Name: MEDRANO, ARITMA  
Address: 3705 EDGEWOOD AVENUE  
City-St-Zip: FORT MYERS, FL 33916

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: BOLZ, DAVID G CBSE  
Address: 3705 EDGEWOOD AVENUE  
City-St-Zip: FORT MYERS, FL 33916

Title: VP (X) Change ( ) Addition  
Name: MEDRANO, ARITMA  
Address: 16356 EAST PREAKNESS DRIVE  
City-St-Zip: LOXAHACHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G. BOLZ

PRES

01/09/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date