


**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # P03000140495

1. Entity Name  
ECHOLS WOODWORK INC.



|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Principal Place of Business         | Mailing Address                     |
| 204 HOLLY LANE<br>PALATKA, FL 32177 | 204 HOLLY LANE<br>PALATKA, FL 32177 |

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

04212008 Chg-P CR2E034 (12/06)

|               |  |                |
|---------------|--|----------------|
| 4. FEI Number |  | Applied For    |
| 14-1890060    |  | Not Applicable |

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

| - 6. Name and Address of Current Registered Agent          |                |
|--|----------------|
| ECHOLS, II, JAMES E<br>204 HOLLY LANE<br>PALATKA, FL 32177 | Name           |
|  | Street Address |
|  |                |
|  | City           |

**7. Name and Address of New Registered Agent**

O. Box Number is Not Acceptable)

|    |          |
|----|----------|
| 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>ECHOLS, II, JAMES K<br>204 HOLLY LANE<br>PALATKA, FL 32177 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DV<br>ECHOLS, ANDY<br>215 PORT COMFORT DR<br>EAST PALATKA, FL 32131 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |

[illegible]

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:** J - k c 4-28-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #