2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 04, 2005 8:00 am Secretary of State DOCUMENT # P04000087491 1. Entity Name 04-04-2005 90070 021 ***150.00 EFC ASSOCIATES, INC. Mailing Address Principal Place of Business 5887 110TH WAY NORTH SEMINOLE FL 33772 5887 110TH WAY NORTH SEMINOLE FL 33772 2. Principal Place of Business CR2E034 (10/04) Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, ERICA **5887 110TH WAY NORTH** SEMINOLE FL 33772 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 familia the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change **PVT** TITLE ☐ Addition TITLE ☐ Delete CLARK, ERICA NAME NAME PARK BLUD, SUITE 104-305 **5887 110TH WAY NORTH** STREET ADDRESS STREET ADDRESS FL 33772-4700 CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERICA

changed, or on an attachment with an address,

SIGNATURE

FILED