

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000029850

Entity Name: E & E GARCIA INC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 2494
LABELLE, FL 33975

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2494
LABELLE, FL 33975

New Mailing Address:

FEI Number: 20-4138533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ELOINA A.
5980 SPENCER RD.
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

GARCIA, ELENDA
5980 SPENCER RD.
LABELLE, FL 33935 US

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: ELENDA GARCIA

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, ELOINA A.
Address: P.O. BOX 2494
City-St-Zip: LABELLE, FL 33975

Title: VP (X) Delete
Name: GARCIA, ELENDA E.
Address: P.O. BOX 2494
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, ELENDA
Address: P.O. BOX 2494
City-St-Zip: LABELLE, FL 33975

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ELENDA GARCIA

PRES

04/29/2006

Electronic Signature of Signing Officer or Director

Date