

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90042 024 \*\*\*150.00

DOCUMENT # P05000046080

1. Entity Name  
EMERGENCY CONTACT NETWORK, INC.



Principal Place of Business

249 ROYAL PALM WAY  
SUITE 301-B  
PALM BEACH, FL 33480

Mailing Address

C/O MARIO G DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD, SUITE 1302  
WELLINGTON, FL 33414

**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1255638

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARIO G DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD, SUITE 1302  
WELLINGTON, FL 33414

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
QUINN, OLIVER  
249 ROYAL PALM WAY STE 301-B  
PALM BEACH, FL 33480

210 Seaspray Ave  
Palm Beach, FL  
33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
REILLY, ANDREW  
249 ROYAL PALM WAY STE 301-B  
PALM BEACH, FL 33480

same ↑

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
DE MENDOZA, MARIO G III  
12765 FOREST HILL BLVD SUITE 1302  
WELLINGTON, FL 33414

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Oliver Quinn, President

Date

Daytime Phone #