

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90259 006 \*\*\*150.00

**DOCUMENT # P06000068063**

1. Entity Name  
**ELECTRICAL CHANNEL MANAGEMENT INC.**



Principal Place of Business

P.O. BOX 149485  
ORLANDO, FL 32814

Mailing Address

P.O. BOX 149485  
ORLANDO, FL 32814

**50000121**



2. Principal Place of Business - No P.O. Box #

**561 LAKE CATHERINE DR**

3. Mailing Address

Suite, Apt. #, etc.

01102007

Chg-P

CR2E034 (12/06)

City & State

**MAITLAND FL**

City & State

4. FEI Number

**20-4914563**

Applied For

Not Applicable

Zip

**32751**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CLEVELAND, JAMES JEFFREY  
561 LAKE CATHERINE DRIVE  
MAITLAND, FL 32751**

**LAKE CATHERINE**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

*James J. Cleveland*

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

(NOTE: Registered Agent signature required when reinstating)

**1/10/07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
CLEVELAND, JAMES JEFFREY  
561 LAKE CATHERINE DRIVE  
MAITLAND, FL 32751**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*James J. Cleveland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/07**

Date

**407 622-0001**

Daytime Phone #