2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007
Secretary of State

DOCUMENT# P06000078241

Entity Name: ENCO SERVICES, INC.

Current Principal Place of Business:

206 HAYS DR.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

206 HAYS DR.
SANFORD, FL 32771

New Mailing Address:

P.O. BOX 2562
SANFORD, FL 32772

FEI Number: 51-0585125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NIEVES, ELIUD
1000 LOGAN HEIGHTS CIR APT 7208
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

NIEVES, ELIUD
206 HAYS DR.
SANFORD, FL 32771 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: ELIUD NIEVES 02/27/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NIEVES, ELIUD
Address: 1000 LOGAN HEIGHTS CIR APT 7208
City-St-Zip: SANFORD, FL 32773

Title: D (X) Delete
Name: NIEVES, HECTOR I
Address: 4203 TINGLEY TERRACE APT 4203
City-St-Zip: SANFORD, FL 32773

Title: T (X) Delete
Name: PONCE, MOISE
Address: 1120 FLORIDA STREET APT 204
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: NIEVES, ELIUD
Address: 206 HAYS
City-St-Zip: SANFORD, FL 32771

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

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: ELIUD NIEVES PDT 02/27/2007
Electronic Signature of Signing Officer or Director Date