

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

08-31-2007 90002 047 \*\*\*150.00

<b>DOCUMENT # P06000126955</b> 1. Entity Name <b>EZEC, INC.</b>			
Principal Place of Business <b>561 PORTSMOUTH COURT NAPLES, FL 34110</b>		Mailing Address <b>561 PORTSMOUTH COURT NAPLES, FL 34110</b>	
2. Principal Place of Business - No P.O. Box # <b>7344 54th Avenue North</b> Suite, Apt. #, etc.		3. Mailing Address <b>7344 54th Avenue North</b> Suite, Apt. #, etc.	
City & State <b>St Petersburg FL</b> Zip Country <b>33709</b>		City & State <b>St Petersburg, FL</b> Zip Country <b>33709</b>	
4. FEI Number <b>26-0627209</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JEFFREY S. SCHELLING, P.A. 2240 TRADE CENTER WAY NAPLES, FL 34109</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>FINSTAD, MARY E</b> STREET ADDRESS <b>561 PORTSMOUTH COURT</b> CITY-ST-ZIP <b>NAPLES, FL 34110</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D PRESIDENT</b> NAME <b>Henry Martinez</b> STREET ADDRESS <b>7344 54th Avenue North</b> CITY-ST-ZIP <b>St Petersburg FL 33709</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>VICE PRESIDENT</b> NAME <b>Leland D. Sank, PLS</b> STREET ADDRESS <b>4360 CORPORATE SQ BLVD</b> CITY-ST-ZIP <b>NAPLES, FLORIDA 34109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>8-14-07</b> Daytime Phone #	