


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90121 013 \*\*\*558.75

<b>DOCUMENT # P07000100835</b>	
1. Entity Name <b>ECL PROPERTY MANAGEMENT, INC.</b>	

Principal Place of Business <b>17271 69TH STREET NORTH LOXAHATCHEE, FL 33470</b>	Mailing Address <b>17271 69TH STREET NORTH LOXAHATCHEE, FL 33470</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08082008 Chg-P CR2E034 (12/06)

4. FEI Number <b>26-2437880</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>STANFORD, JOHN 17271 69TH STREET NORTH LOXAHATCHEE, FL 33470</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 *John Stanford* **John Stanford (President)** 8-9-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>STANFORD, JOHN</b>
STREET ADDRESS	<b>17271 69TH STREET NORTH</b>
CITY-ST-ZIP	<b>LOXAHATCHEE, FL 33470</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>STANFORD, RANDALL</b>
STREET ADDRESS	<b>17271 69TH STREET NORTH</b>
CITY-ST-ZIP	<b>LOXAHATCHEE, FL 33470</b>
TITLE	<b>TS</b> <input type="checkbox"/> Delete
NAME	<b>STANFORD, ANITA</b>
STREET ADDRESS	<b>17271 69TH STREET NORTH</b>
CITY-ST-ZIP	<b>LOXAHATCHEE, FL 33470</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *John Stanford* **John Stanford (President)** 8-9-08 561-795-3339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #