

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000003701

1. Entity Name
E C FINANCE, INC.



FILED
Jan 17, 2007 08:00 AM
Secretary of State

Principal Place of Business
18514 US HW 19 N
SUITE A
CLEARWATER, FL 33764

Mailing Address
18514 US HW 19 N
SUITE A
CLEARWATER, FL 33764



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3151050	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAY, JAMES J
18514 US HWY 19 N, STE A
CLEARWATER, FL 33764

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000589147
01/18/07-80003-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, JAMES J 18514 US HWY 19 N CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAY, JOYCE B 2944 SABER DRIVE CLEARWATER, FL 33759
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

Jan 11, 2007
Date

727-535-3000
Daytime Phone #