

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P92000003701

1. Entity Name
E C FINANCE, INC.



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



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3151050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000966296
04/03/08-80020-020 150.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

JAMES J. RAY

MAR. 19/08

Date

Daytime Phone #

727-535-3000