

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P92000003900</b>                   |  |
| 1. Entity Name<br>EC LAND OF CITRUS COUNTY, INC. |                                                                                   |

|                                                                                                     |                                                                  |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>7655 W. GULF TO LAKE HWY.<br>SUITE 4<br>CRYSTAL RIVER FL 34423<br>US | Mailing Address<br>P.O. BOX 1599<br>CRYSTAL RIVER FL 34423<br>US |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|



|                                                       |         |                                           |         |
|-------------------------------------------------------|---------|-------------------------------------------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>Suite, Apt. #, etc. |         |
| City & State                                          |         | City & State                              |         |
| Zip                                                   | Country | Zip                                       | Country |

1st MOORE CR2E034 (10/05)  
4. FEI Number **59-3152150** Applied For  
Not Applicable

|                                                                                                                                          |  |                                                                                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>WEISS, STEVEN L<br>7655 W. GULF TO LAKE HWY.<br>SUITE 4<br>CRYSTAL RIVER FL 34429 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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.

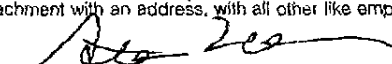
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                      |                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                           |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | DP<br>WEISS, STEVEN L<br>SUITE 4 7655 W. GULF TO LAKE HWY.<br>CRYSTAL RIVER FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Add<br>U00000506251<br>04/27/06-80016-005 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | D<br>YERMAN, MARK<br>PO BOX 1064<br>INVERNESS FL 34451 <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Steven Weiss** **4/4/06** **(352) 583 0333**  
**(352) 422 3843**