


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000007528**  
 1. Entity Name  
 ECHO ASSOCIATES, INC.



Principal Place of Business      Mailing Address  
 875 PUESTA DEL SOL      875 PUESTA DEL SOL  
 INDIALANTIC, FL 32903 US      INDIALANTIC, FL 32903 US

**DO NOT WRITE IN THIS SPACE**



03042005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3156168      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 DETTMER, DALE A.  
 304 SOUTH HARBOR CITY BLVD.  
 SUITE 201  
 MELBOURNE, FL 32901

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROADWAY, W. SCOTT
STREET ADDRESS	875 PUESTA DEL SOL
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	VD
NAME	BROADWAY, SUZANNE B
STREET ADDRESS	875 PUESTA DEL SOL
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W. Scott Broadway    W. Scott Broadway    321 777-3361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #