

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000001295

Entity Name: EKONOMY ENTERPRISES, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

2950 S 25TH STREET
FORT PIERCE, FL 34981

New Principal Place of Business:

235 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

Current Mailing Address:

2950 S 25TH STREET
FORT PIERCE, FL 34981

New Mailing Address:

235 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

FEI Number: 65-0544937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECONOMYS, PETER A
2950 S 25TH STREET
FORT PIERCE, FL 34981 US

Name and Address of New Registered Agent:

ECONOMYS, PETER A
235 SW PORT ST. LUCIE BLVD.
235 SW PORT ST. LUCIE, FL 34984 US

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.

SIGNATURE:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ECONOMYS, PETER A
Address: 2950 S 25TH STREET
City-St-Zip: FORT PIERCE, FL 34981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ECONOMYS, PETER A
Address: 235 SW PORT ST. LUCIE
City-St-Zip: PORT ST LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER ECONOMYS

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date