2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2005 08:00 AM Secretary of State

ANNOAL NEPONI	11.	. +	Sagratamy of Sta
DOCUMENT # P95000032922 1. Entity Name HARRY J. ECK, P.A.			Secretary of Sta
Principal Place of Business Mailing Address			
615 N. AFTERGLOW CIRCLE 615 N. AFTERGLOW C	CIRCLE	1	
CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 3	34429		
			t (1987) oor sig inger gijst bodig gerkl oorst ook (1976 girke solin inger 1981 ook 1770 o
DO NOT WRITE IN THIS SPACE			
		^ -	01042005 No Chg-P CR2E034 (10/03)
		CE	4. FEI Number Applied For
			59-3311032 Not Applicable
			5. Certificate of Status Desired Sequired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		<u> </u>	
ECK, HARRY J 615 N. AFTERGLOW CIRCLE CRYSTAL RIVER, FL 34429	- : / 		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 reinstaling) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFICERS AND DIRECTORS .			
TITLE P NAME ECK, HARRY J		-	
STREET ADDRESS 615 N. AFTERGLOW CIRCLE			
CITY-ST-ZIP CRYSTAL RIVER, FL 34429			
TITLE			1100000223237
NAME			U00000223237 02/10/05-80037-005 I50.00
STREET ADDRESS CITY - ST - ZIP		l	
TITLE			
NAME			
STREET ADDRESS			DO NOT WRITE
CITY-ST-ZIP		Į	
TITLE		ŧ	IN THIS SPACE
NAME STREET ADDRESS			
CITY-ST-ZIP		<u> </u>	
TITLE		1	
NAME			
STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		
TITLE NAME		1	
STREET ADDRESS		ł	
CITY-ST-ZIP			The state of the s
12. I hereby certify that the information supplied with this filing does not qualify findicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report production on a statement with an address, with all that this empowered to be a contracted or an extraction of the corporation.	or the exer I my signat rt as requir	mption stated in Secure shall have the s red by Chapter 607	ction 119.07(3)(I), Florida Statutes. I further certify that the information name legal effect as if made under path; that I am an officer or director, Florida Statutes, and that my name appears in Block 10 or Block 11 if