## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 21, 2005 8:00 am Secretary of State 03-21-2005 90092 002 \*\*\*150.00

1. Entity Name EFFICIENCY OFFICE SUPPLY & SHIPPING CENTER, INC.								03-21-200.	J 90092 C	02 ***13	30.00	
Principal Plac	e of Busines	 3	Mailing Address		<del></del>							
620 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974			620 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974			20022949						
2. Principal P	lace of Busin	ess	3. Mailing Address									
Suite, Apt. #. etc.			Suite, Apt. #, etc.			01212005	O:	00000	34 (10/03)			
City & State			City & State			4. FEI Numbe	Chy-P			oplied For		
							65-062			No	ot Applicable	
Zip Country			Zip Country				5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6Name	and Address of Current	Registered Agent					Address of New I		gent		
HENNESSY, CAROL A						Name Marcias. Crane						
620 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974					Street	Street Address (P.O. Box Numbers Not Acceptable)						
							<u> </u>					
					City	Uneechopee FL 3				Zip Code	1974	
	named entity ions of regist		r the purpose of changing its	register	ed office o	register	ed agent, or bot	th, in the State of Fi	lorida, 1 am f	amiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	Change (NOT	E: Registere	d Agent signat	ure required	when reinstating)		3/15/ DATE	05_	<del></del>	
		FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campa Trust Fund Con				00 May Be ed to Fees					
10.		OFFICERS AND	<del></del>	11.		- <del></del>	ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
TITLE	D	CADOL A	Delete	ĦIL		$\mathbb{R}^{\sim}$	and w	VOCTION G	7	□ Errange	Addition	
name Street address	l	SY, CAROL A TH PARROTT AVENUE	:	NAM	eet address			MH AVE				
CITY-ST-ZIP	OKEECHOBEE, FL 34974		1		-ST-ZIP	<b>PA</b>	rane marcia G nao s. Parroll Ave obsections F1 34974					
TITLE	PΤ		Delete	TITL	<u></u>	77			_	Change	☐ Addition	
NAME		SY, CAROL A		NAM		Cra	ine of	arciae	<b>3</b>			
STREET ADDRESS CITY-ST-ZIP	620 S PARROTT AVE OKEECHOBEE, FL				ef Address -st-zip	620 S. Parrott Ave		2 3497	J			
TITLE	VPS	-	Delete	TITE		חט	eecro-	CE   FL	<u> </u>	☐ Change	☐ Addition	
NAME		SY, LEONARD		NAM				-			•	
STREET ADDRESS		RROTT AVE	<del></del>		ET ADDRESS-		<del></del>					
CITY-ST-ZIP	OKEECH	DBEE. FL		_	-ST-ZIP			<del></del>	<del></del>			
TITLE Name			∟ Delete	, TITL NAM						☐ Change	Addition	
STREET ADDRESS					et address							
CITY-ST-ZIP				СПУ	-ST-ZIP							
TITLE			☐ Delete	ПΤ						Change	■ Addition	
NAME CODECT ADDROCCE			•	NAM								
STREET ADDRESS City-St-Zip					ET ADORESS -ST-ZIP							
TITLE			· Delete	TITL						☐ Change	Addition	
NAME				NAM								
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP	sortific that the	information cumulad with	this filing does not qualify for		-ST-ZIP	ma is Ca	ation 110 07/01/	N Darido Cratino	I further seet	h, that the i-	formation	
			uma minu caca noi mianty io			er: in aei		o conca Maddes	TOTAL CELL	av savas ille li	asan reducin	

Interpoy certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or suppliemental 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.