

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90092 002 ***150.00

20022949



01212005 Cng-F CR2E034 (10/03)

DOCUMENT # P95000089385 1. Entity Name EFFICIENCY OFFICE SUPPLY & SHIPPING CENTER, INC.					
Principal Place of Business 620 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974			Mailing Address 620 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0627737	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HENNESSY, CAROL A 620 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974				Name <u>Marcia G. Crane</u> Street Address (P.O. Box Numbers Not Acceptable) <u>620 S. Parrott Ave</u> City <u>Okeechobee</u> FL <u>34974</u>	
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 <u>Marcia G Crane</u> DATE <u>3/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNESSY, CAROL A 620 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crane, marcia G 620 S. Parrott Ave Okeechobee, FL 34974	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HENNESSY, CAROL A 620 S PARROTT AVE OKEECHOBEE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Crane, marcia G 620 S. Parrott Ave Okeechobee, FL 34974	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HENNESSY, LEONARD 620 S PARROTT AVE OKEECHOBEE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Leonard Hennessy</u>			3/15/05 863-763-8707 <small>Date Daytime Phone #</small>		