

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000089385 1. Entity Name EFFICIENCY OFFICE SUPPLY & SHIPPING CENTER, INC.	
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Principal Place of Business 620 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974	Mailing Address 620 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0627737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRANE, MARCIA G
 620 S. PARROFF AVE
 OKEECHOBEE, FL 34974**

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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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANE, MARCIA G 620 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CRANE, MARCIA G 620 S PARROTT AVE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HENNESSY, LEONARD 620 S PARROTT AVE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRANE, ANTHONY 620 S PARROTT AVE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/08/07-80020-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marcia Crane Date: 4-11-07 Daytime Phone #: 8637638907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR