

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90156 018 \*\*\*150.00

**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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04162008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0627737**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Numbers Not Acceptable)  
**Parrott Ave**

City **FL** Zip Code

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: *Marcia Crane* DATE: 4-16-08

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CRANE, MARCIA G	
STREET ADDRESS	620 SOUTH PARROTT AVENUE	
CITY- ST- ZIP	OKEECHOBEE, FL 34974	
TITLE	PT	<input type="checkbox"/> Delete
NAME	CRANE, MARCIA G	
STREET ADDRESS	620 S PARROTT AVE	
CITY- ST- ZIP	OKEECHOBEE, FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HENNESSY, LEONARD	
STREET ADDRESS	620 S PARROTT AVE	
CITY- ST- ZIP	OKEECHOBEE, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRANE, ANTHONY	
STREET ADDRESS	620 S PARROTT AVE	
CITY- ST- ZIP	OKEECHOBEE, FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 Marcia Crane* DATE: 4-16-08 DAYTIME PHONE #: 8637638707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR