

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90020 043 \*\*\*150.00

**DOCUMENT # P96000020523**

1. Entity Name

ENGLISH COMMUNICATIONS, INC.



Principal Place of Business

1027 MELLATHON CIR  
LEESBURG FL 34748

Mailing Address

P.O. BOX 490866  
LEESBURG FL 34749-0866  
US

24012008



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3380355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGLISH, EDWIN R  
1027 MELLATHON CIRCLE  
LEESBURG FL 34748

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PST~~ ☒ Delete  
NAME ENGLISH, EDWIN R  
STREET ADDRESS P O BOX 490866  
CITY-ST-ZIP LEESBURG FL 34749-0866

TITLE ~~PST~~ ☒ Change ☐ Addition  
NAME Edwin R. English  
STREET ADDRESS P.O. Box 490866  
CITY-ST-ZIP Leesburg, FL 34749-0866

TITLE D ☐ Delete  
NAME ENGLISH, EDWIN R  
STREET ADDRESS P O BOX 490866  
CITY-ST-ZIP LEESBURG FL 34749-0866

TITLE ~~V~~ ☐ Change ☒ Addition  
NAME cheri S. English  
STREET ADDRESS P.O. Box 490866  
CITY-ST-ZIP Leesburg, FL 34749-0866

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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:

*Edwin R. English*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN R. English 2/10/04 352-636-  
Date Daytime Phone # 5953