2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 08, 2005 8:00 am **Secretary of State** DOCUMENT # P96000020523 1. Entity Name 02-08-2005 90005 020 ***150.00 ENGLISH COMMUNICATIONS, INC. Principal Place of Business Mailing Address 1027 MELLATHON CIR P.O. BOX 490866 LEESBURG FL 34748 LEESBURG FL 34749-0866 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 59-3380355 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGLISH, EDWIN R Street Address (P.O. Box Number is Not Acceptable) 1027 MELLATHON CIRCLE LEESBURG FL 34748 City 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PalsideNT TITLE ☐ Delete TITLE Change ☐ Addition ENGLISH, EDWIN R NAME STREET ADDRESS P O BOX 490866 STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34749-0866 CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME ENGLISH, EDWIN R NAME STREET ADDRESS P O BOX 490866 STREET ADDRESS LEESBURG FL 34749-0866 CITY-SI-ZiP CITY-ST-ZTP TITLE ☐ Delete ☐ Change Addition NAME ENGLISH, CHER S STREET ADDRESS P O BOX 490866 STREET ADDRESS CITY-ST-7IP LEESBURG FL 34749-0866 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME Box490866 "STREET ADDRESS STREET ADDRESS FL 34 #9-0866 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -0866 CITY-ST-7IP TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Edvin R. Figlish

changed, or on an atta

SIGNATURE

FILED

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