


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90046 046 \*\*\*150.00

|                                    |   |
|------------------------------------|---|
| <b>DOCUMENT # P98000016837</b>     |  |
| 1. Entity Name<br>ECLECTIONS, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>303 ANASTASIA BLVD., UNIT C<br>ST. AUGUSTINE, FL 32080 | Mailing Address<br>303 ANASTASIA BLVD., UNIT C<br>ST. AUGUSTINE, FL 32080 |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |



02282007 Chg-P CR2E034 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-3504081 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br>STEWART, BETH<br>303 ANASTASIA BLVD., UNIT C<br>ST. AUGUSTINE, FL 32080 | 7. Name and Address of New Registered Agent<br>Name: <u>ALLAN POTICNY</u><br>Street Address (P.O. Box Number is Not Acceptable): <u>303 ANASTASIA BLVD UNIT D</u><br>City: <u>ST. AUGUSTINE</u> FL Zip Code: <u>32080</u> |
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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: <u>ALL POTICNY</u> | DATE: <u>2/28/07</u> |
|-------------------------------|----------------------|

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>STEWART, BETH<br>303 ANASTASIA BLVD., UNIT C<br>ST. AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | OWNER/DIRECTOR<br>ALLAN POTICNY<br>303 ANASTASIA BLVD UNIT D<br>ST AUGUSTINE, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | CO-OWNER<br>PATRICIA POTICNY<br>303 ANASTASIA BLVD UNIT D<br>ST AUGUSTINE FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: <u>ALLAN POTICNY</u> | DATE: <u>2/28/07</u> | DAYTIME PHONE: <u>904-679-6729</u> |
|---------------------------------|----------------------|------------------------------------|