

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058812

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: ECHOLS INVESTMENTS, INC.

## Current Principal Place of Business:

12820 TAMIAMI TRAIL N  
SUITE 6  
NAPLES, FL 34110

## New Principal Place of Business:

## Current Mailing Address:

12820 TAMIAMI TRAIL NORTH #6  
NAPLES, FL 34110

## New Mailing Address:

FEI Number: 65-0846061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ECHOLS, VECHIL R  
12820 TAMIAMI TRAIL NORTH #6  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ECHOLS, VECHIL  
Address: 12080 TAMIAMI TRAIL NORTH #6  
City-St-Zip: NAPLES, FL 34110 CO

Title: VP ( ) Delete  
Name: DEAN, RONALD  
Address: 12080 NORTH TAMIAMI TRAIL NORTH #6  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VECHIL R. ECHOLS

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date