

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063808

Entity Name: ECA, INC.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

3 W NINE MILE RD
SUITE 6
PENSACOLA, FL 32534 US

New Principal Place of Business:

2801 E. OLIVE ROAD
PENSACOLA, FL 32514 US

Current Mailing Address:

P.O. BOX 7585
PENSACOLA, FL 32534 US

New Mailing Address:

2801 E. OLIVE ROAD
PENSACOLA, FL 32514 US

FEI Number: 59-3523350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKEE, LARRY E
5772 TAMERACK DR
PACE, FL 32571 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: PD () Delete
Name: MCKEE, GLORIA J
Address: 5772 TAMERACK DR
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: MCKEE, LARRY E
Address: 5772 TAMERACK DR
City-St-Zip: PACE, FL 32571

Title: DST () Delete
Name: FROMMEL, ELEANOR L
Address: 5340 SUSSEX LANE
City-St-Zip: PACE, FL 32571

Title: D (X) Delete
Name: FIELDS, MICHAEL
Address: 6 EARL CT
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: ELEANOR FROMMEL

DST

01/06/2005

Electronic Signature of Signing Officer or Director

Date