


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90084 050 ***150.00

DOCUMENT # P99000050861					
1. Entity Name E.C.H., INC.					
Principal Place of Business 9410 WESTLINKS TERRACE SEMINOLE, FL 33777			Mailing Address 9410 WESTLINKS TERRACE SEMINOLE, FL 33777		
2. Principal Place of Business 11161 111th Place N. Suite, Apt. #, etc.		3. Mailing Address 11161 111th Place N. Suite, Apt. #, etc.			
City & State Largo, FL Zip: 33778 Country: US		City & State Largo, FL Zip: 33778 Country: US		4. FEI Number 59-3577847	
6. Name and Address of Current Registered Agent LOVELACE, WILLIAM K ESQUIRE 2310 WEST BAY DRIVE LARGO, FL 33771				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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: P NAME: HERMANN, EDWARD STREET ADDRESS: 9410 WESTLINKS TERRACE CITY-ST-ZIP: SEMINOLE, FL 33777	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: 11161 111th Place N. CITY-ST-ZIP: Largo, FL 33778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					