

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90015 030 ***150.00

DOCUMENT # P99000055670

1. Entity Name
EMERGENCY COMMUNICATIONS NETWORK, INC.



Principal Place of Business
**9 SUNSHINE BLVD.
ORMOND BCH, FL 32174**

Mailing Address
**9 SUNSHINE BLVD.
ORMOND BCH, FL 32174**

50000492



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3579383

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CROTTY, MICHAEL D
501 N. GRANDVIEW AVE., 3RD FLOOR
DAYTONA BCH, FL 32118**

7. Name and Address of New Registered Agent

Name **James Skow**
Street Address (R.O. Box Number is Not Acceptable)
9 Sunshine Blvd

Ormond Beach FL 32174

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

James Skow

(NOTE: Registered Agent signature required when re-registering)

2/15/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TUTTLE, ROBERT J**
STREET ADDRESS **425 PINE BLUFF TRAIL**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D** ☐ Delete
NAME **EDWARD, MARK**
STREET ADDRESS **552 JOHN ANDERSON**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **P** ☐ Delete
NAME **POE, ROBERT**
STREET ADDRESS **108 RIVER OAKS CIRCLE**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Tuttle, Robert J**
STREET ADDRESS **9 Sunshine Blvd**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **D** ☒ Change ☐ Addition
NAME **Edwards, Mark**
STREET ADDRESS **9 Sunshine Blvd**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **P** ☒ Change ☐ Addition
NAME **Poe, Robert**
STREET ADDRESS **9 Sunshine Blvd**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-06

386-676-1157

Date

Daytime Phone #