

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S80434**

1. Entity Name  
**THE ECO-STORE, INC.**



Principal Place of Business

**663 MURPHY RD  
WINTER SPRINGS, FL 32708 US**

Mailing Address

**PO BOX 181102  
CASSELBERRY, FL 32707 US**



03172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3087235**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BETH HOLLENBECK  
663 MURPHY ROAD  
WINTER SPRINGS, FL 32708**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000949055  
06/03/08-80013-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	HOLLENBECK, BETH D.
STREET ADDRESS	663 MURPHY ROAD
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	HOLLENBECK, BETH D.
STREET ADDRESS	663 MURPHY ROAD
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	STONEROCK, ROBERT F. JR.
STREET ADDRESS	1306 WOODLAND STREET
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*Beth Hollenbeck* Beth Hollenbeck 3/17/8 407695-5050