


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # V02102 1. Entity Name ECOGROUP, INC.	
---	---

Principal Place of Business 601 BAYSHORE BLVD STE 960 TAMPA, FL 33606 US	Mailing Address 601 BAYSHORE BLVD STE 960 TAMPA, FL 33606 US
--	--

DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3097667	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**WOLFE, RANDOLPH J
100 N TAMPA ST
STE 2700
TAMPA, FL 33602**

**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 reactivating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D OELSCHLAEGER, EDWARD R. 601 BAYSHORE BLVD., STE 960 TAMPA, FL
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST KIRKBRIDE, BONNIE K 601 BAYSHORE BLVD., STE 960 TAMPA, FL
--	---

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

000000121587
04/20/04-80059-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Edward R. Oelschlaeger** **4-12-04** **#813-251-4818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X304**