

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90082 044 ***150.00

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

50035257



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3097667

Applied For
Not Applicable

5. Certificate of State Required ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME OELSCHLAEGER, EDWARD R.
STREET ADDRESS 601 BAYSHORE BLVD., STE 960
CITY-ST-ZIP TAMPA, FL

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

**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)(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

EDWARD R. OELSCHLAEGER

Date

Daytime Phone #

3/26/05