


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90069 033 \*\*\*150.00


<b>DOCUMENT # V07984</b>	
1. Entity Name <b>ECHO BEACH, INC.</b>	

Principal Place of Business <b>947 ALTERNATE A-1-A 2ND FLOOR JUPITER, FL 33477 US</b>	Mailing Address <b>947 ALTERNATE A-1-A 2ND FLOOR JUPITER, FL 33477 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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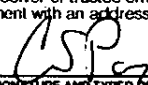
City & State  Zip Country	City & State  Zip Country
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6. Name and Address of Current Registered Agent  <b>PAYSON, CHARLES 4161 U.S. 1 #K-3 JUPITER, FL 33477</b>	
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7. Name and Address of New Registered Agent Name <b>PAYSON, CHARLES</b> Street Address (P.O. Box Number is Not Acceptable) <b>6685 WOOD LAKE RD</b> City <b>JUPITER</b> FL Zip Code <b>33458</b>	
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  <b>CHARLES S PAYSON</b> DATE <b>01-20-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAYSON, CHARLES 4161 U.S. 1 #K-3 JUPITER, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 6685 WOOD LAKE RD</b>
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
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
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:  <b>CHARLES S PAYSON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>01-20-05</b> Daytime Phone # <b>561-745-0571</b>

40009568



01032005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3097953** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐