

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000036414

**Entity Name:** E CENTRAL STORES INC

**Current Principal Place of Business:**

16809 US HIGHWAY 19 NORTH  
B  
CLEARWATER, FL 33764

**Current Mailing Address:**

16809 US HIGHWAY 19 NORTH  
B  
CLEARWATER, FL 33764

**FEI Number:** 20-0774073

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHECHNER, STEVEN A  
16809 US HIGHWAY 19 NORTH  
B  
CLEARWATER, FL 33764 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SCHECHNER, STEVEN A  
Address PO BOX 66083  
City-State-Zip: ST. PETE BEACH FL 33736

Title V  
Name SCHECHNER, JEREMY  
Address 5856 - 51ST STREET S  
City-State-Zip: ST. PETERSBURG FL 33715

Title V  
Name SCHECHNER, DEBORAH  
Address PO BOX 66083  
City-State-Zip: ST. PETE BEACH FL 33736

Title V  
Name SCHECHNER, JARRETT  
Address PO BOX 67122  
City-State-Zip: ST. PETE BEACH FL 33736

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN SCHECHNER

**PRESIDENT**

**04/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date