

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90119 001 \*\*\*300.00

**DOCUMENT # L22279**  
 1. Entity Name  
**EAST CENTRAL FLORIDA SERVICES, INC.**



Principal Place of Business  
**4550 DEERPARK RD  
 SAINT CLOUD FL 34773  
 US**

Mailing Address  
**4550 DEERPARK RD  
 STE 2  
 SAINT CLOUD FL 34773  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**4550 Deer Park Rd**  
 Suite, Apt. #, etc.

City & State  
**Saint Cloud FL**

4. FEI Number  
**59-2996410**

Applied For  
 Not Applicable

Zip  
**34773**

Country  
**US**

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



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**JAMES B. PAYNE  
 13754 DESERET LANE  
 ST CLOUD FL 34773**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 James B. Payne **James B. Payne President** **1-26-04**  
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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	ST JONES, CASEY O 139 E. SOUTH TEMPLE ST. SALT LAKE CITY UT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAYNE, JAMES B. 13754 DESERET LANE ST CLOUD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMOREAUX, ROBERT D 50 E. NORTH TEMPLE ST. SALT LAKE CITY UT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SQUIRES, FERREN K 13754 DESERET LANE SAINT CLOUD FL 34773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUDD, FRANK K 13754 DESERET LANE ST CLOUD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOWLES, KYLE 13754 DESERT LANE SAINT CLOUD FL 34773 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Creer 139 East South Temple Salt Lake City UT 84111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AT Fowles, Kyle 13754 Deseret Lane Saint Cloud FL 34773 <input checked="" 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:** James B. Payne **James B. Payne** **1-26-04** **407-957-6691**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #