

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22279

FILED
Mar 19, 2008
Secretary of State

Entity Name: EAST CENTRAL FLORIDA SERVICES, INC.

Current Principal Place of Business:

4550 DEER PARK RD
SAINT CLOUD, FL 34773 US

New Principal Place of Business:

Current Mailing Address:

4550 DEER PARK RD.
SAINT CLOUD, FL 34773 US

New Mailing Address:

FEI Number: 59-2996410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, JAMES B
13754 DESERET LANE
SAINT CLOUD, FL 34773 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: JONES, CASEY O
Address: 139 EAST SOUTH TEMPLE
City-St-Zip: SALT LAKE CITY, UT 84111

Title: P () Delete
Name: PAYNE, JAMES B
Address: 13754 DESERET LANE
City-St-Zip: ST CLOUD, FL 34773

Title: D () Delete
Name: LAMOREAUX, ROBERT D
Address: 139 EAST SOUTH TEMPLE
City-St-Zip: SALT LAKE CITY, UT 84111

Title: DC () Delete
Name: GENHO, PAUL C
Address: 139 EAST SOUTH TEMPLE
City-St-Zip: SALT LAKE CITY, UT 84111

Title: V () Delete
Name: JUDD, FRANK K
Address: 13754 DESERET LANE
City-St-Zip: SAINT CLOUD, FL 34773

Title: ASAT () Delete
Name: WALKER, JEFF
Address: 139 EAST SOUTH TEMPLE
City-St-Zip: SALT LAKE CITY, UT 84111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CASEY JONES

_____ Electronic Signature of Signing Officer or Director

ST

03/19/2008

_____ Date