

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L22279

**Entity Name:** EAST CENTRAL FLORIDA SERVICES, INC.

**Current Principal Place of Business:**

4550 DEER PARK RD  
SAINT CLOUD, FL 34773

**Current Mailing Address:**

50 E. NORTH TEMPLE 2WW  
SALT LAKE CITY, UT 84150 US

**FEI Number:** 59-2996410

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY, TREASURER,  
DIRECTOR  
Name ALLEN, PAUL L  
Address 79 S. MAIN STREET, SUITE 1100  
City-State-Zip: SALT LAKE CITY UT 84111

Title DIRECTOR, PRESIDENT  
Name JACOBSEN, K. ERIK  
Address 79 S. MAIN STREET, SUITE 1100  
City-State-Zip: SALT LAKE CITY UT 84111

Title VP  
Name JORGENSEN, KENT  
Address 13754 DESERET LANE  
City-State-Zip: ST CLOUD FL 34773

Title DIRECTOR, CEO  
Name SLEIGHT, DON M.  
Address 79 S. MAIN STREET, SUITE 1100  
City-State-Zip: SALT LAKE CITY UT 84111

Title ASST. SECRETARY, ASST.  
TREASURER  
Name SMITH, SCOTT  
Address 13754 DESERET LANE  
City-State-Zip: ST CLOUD FL 34773

*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:** PAUL L. ALLEN

**SECRETARY**

**03/04/2020**

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

\_\_\_\_\_  
Date