

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026110

FILED  
Jan 25, 2007  
Secretary of State

Entity Name: ESOLVERE, INC.

## Current Principal Place of Business:

218 E. BEARSS AVE.  
#325  
TAMPA, FL 33613

## New Principal Place of Business:

213 W CHAPMAN ROAD  
LUTZ, FL 33548

## Current Mailing Address:

218 E. BEARSS AVE.  
#325  
TAMPA, FL 33613

## New Mailing Address:

FEI Number: 20-2454932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELANO, G. KRISTIN  
360 CENTRAL AVENUE, SUITE 1560  
ST. PETERSBURG, FL 33701 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: DPT ( ) Delete  
Name: HERSHBERGER, MICHAEL D  
Address: 70617 MINERAL POINT ROAD  
City-St-Zip: MADISON, WI 53717

Title: V ( ) Delete  
Name: KING, LORI A  
Address: 218 E. BEARSS AVE., #325  
City-St-Zip: TAMPA, FL 33613 US

Title: CS ( ) Delete  
Name: RAECKERS, GARY R  
Address: 218 E. BEARSS AVE., #325  
City-St-Zip: TAMPA, FL 33613 US

Title: CMO ( ) Delete  
Name: STEFAN, JIM  
Address: 218 E. BEARSS AVE., #325  
City-St-Zip: TAMPA, FL 33613 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: KOSLOSKE, LORI A  
Address: 218 E. BEARSS AVE., #325  
City-St-Zip: TAMPA, FL 33613 US

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 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: GARY RAECKERS

CS

01/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date