

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026110

FILED
Aug 05, 2008
Secretary of State

Entity Name: ESOLVERE, INC.

Current Principal Place of Business:

213 W CHAPMAN ROAD
LUTZ, FL 33548

New Principal Place of Business:

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: KOSLOSKE, LORI A
Address: 218 E. BEARSS AVE., #325
City-St-Zip: TAMPA, FL 33613 US

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

Title: CMO (X) 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: () 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: LORI KOSLOSKE

MRS.

08/05/2008

Electronic Signature of Signing Officer or Director

_____ Date