

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90017 002 ***158.75

40094100



02042007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000146021					
1. Entity Name ESOL RESOURCES, INC.					
Principal Place of Business 901 ORANGE AVENUE CRESCENT CITY, FL 32112 US		Mailing Address 901 ORANGE AVENUE CRESCENT CITY, FL 32112 US			
2. Principal Place of Business - No P.O. Box # <i>901 Orange Ave</i>		3. Mailing Address <i>901 Orange Ave</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Crescent City FL</i>		City & State <i>Crescent C. City FL</i>		4. FEI Number <i>22-3953275</i>	
Zip <i>32112</i>	Country <i>USA</i>	Zip <i>32112</i>	Country <i>USA</i>	Applied For Not Applicable	
6. Name and Address of Current Registered Agent BUCHAN, GERARD 508 CENTRAL AVENUE CRESCENT CITY, FL 32112				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEST, JUDITH B		NAME		
STREET ADDRESS	901 ORANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY, FL 32112		CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEST, RONALD C		NAME		
STREET ADDRESS	901 ORANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY, FL 32112		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Ronald C. West</i>		Date: <i>3-26-07</i>		Daytime Phone #: <i>386-688-2370</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					