

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 335843

Entity Name: ESSLINGER-WOOTEN-MAXWELL, INC.**Current Principal Place of Business:**201 ALHAMBRA CIRCLE
SUITE 1060
CORAL GABLES, FL 33134**Current Mailing Address:**6800 FRANCE AVE. S., STE 610
EDINA, MN 55435 US**FEI Number:** 59-1220247**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT, CEO, DIRECTOR
Name	SHUFFIELD, RONALD A
Address	201 ALHAMBRA CIRCLE, STE 1060
City-State-Zip:	CORAL GABLES FL 33134

Title	CFO
Name	AGUIRRE, HENA
Address	201 ALHAMBRA CIRCLE, STE 1060
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	BROWNE, MICHAEL T.
Address	6800 FRANCE AVE. S., STE 610
City-State-Zip:	EDINA MN 55435

Title	DIRECTOR
Name	BLEFARI, EUGENE A.
Address	6800 FRANCE AVE. S., STE 610
City-State-Zip:	EDINA MN 55435

Title	DIRECTOR
Name	STRANDMO, DANA D
Address	6800 FRANCE AVE. S., STE 610
City-State-Zip:	EDINA MN 55435

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: MICHAEL T. BROWNE**SECRETARY****04/10/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date