

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L02231

**Entity Name:** ESKO, INC.

**Current Principal Place of Business:**

220 SUNRISE AVENUE  
202  
PALM BEACH, FL 33480

**Current Mailing Address:**

220 SUNRISE AVENUE  
202  
PALM BEACH, FL 33480 US

**FEI Number:** 65-0129883

**Certificate of Status Desired:** No

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

JENKINS, JAMES C  
220 SUNRISE AVENUE  
202  
PALM BEACH, FL 33480 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            DP  
Name            KOHL, SIDNEY A.  
Address        220 SUNRISE AVENUE  
                  202  
City-State-Zip: PALM BEACH FL 33480

Title            DVPT  
Name            JENKINS, JAMES C  
Address        220 SUNRISE AVENUE  
                  202  
City-State-Zip: PALM BEACH FL 33480

Title            VP  
Name            PRICE, JEFFREY S  
Address        220 SUNRISE AVENUE  
                  202  
City-State-Zip: PALM BEACH FL 33480

Title            VP  
Name            HERRERO, CARLOS  
Address        220 SUNRISE AVENUE  
                  202  
City-State-Zip: PALM BEACH FL 33480

*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:** JAMES C JENKINS

**EVP**

**03/08/2024**

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

\_\_\_\_\_  
Date