

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000056401

**Entity Name:** ANCIENT ESSENCE INC

**Current Principal Place of Business:**

ANCIENT ESSENCE/ MICHELE HAMMERTON  
1848 SHORE DR S APT 403  
S PASADENA , FL 33707

**Current Mailing Address:**

ANCIENT ESSENCE INC  
P.O. BOX 67415  
ST PETE, FL 33736 US

**FEI Number:** 41-2143899

**Certificate of Status Desired:** No

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

HAMMERTON, MICHELE  
ANCIENT ESSENCE/ MICHELE HAMMERTON  
1848 SHORE DR S APT 403  
S PASADENA , FL 33707 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:** MICHELE HAMMERTON

02/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	HAMMERTON, MICHELE	Name	ANCIENT ESSENCE INC
Address	ANCIENT ESSENCE INC P.O. BOX 67415	Address	ANCIENT ESSENCE INC P.O. BOX 67415
City-State-Zip:	ST PETE FL 33736	City-State-Zip:	ST PETE FL 33736
Title	TR		
Name	MICHELE GRECO HAMMERTON TRUST		
Address	ANCIENT ESSENCE/ MICHELE HAMMERTON 1848 SHORE DR S APT 403		
City-State-Zip:	S PASADENA FL 33707		

*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:** MICHELE HAMMERTON

**PRESIDENT**

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date