

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000018560

**Entity Name:** ESCARCEGA ENTERPRISES, INC.

**Current Principal Place of Business:**

6480 NW 57TH CT,  
OCALA, FL 34482

**Current Mailing Address:**

6480 NW 57TH CT,  
OCALA, FL 34482

**FEI Number:** 47-3500543

**Certificate of Status Desired:** No

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

ESCARCEGA, PAMELA  
6480 NW 57TH CT,  
OCALA, FL 34482 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	P	Title	VP
Name	ESCARCEGA, TONY	Name	ESCARCEGA, PAMELA
Address	6480 NW 57TH CT,	Address	6480 NW 57TH CT,
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34482

*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:** TONY ESCARCEGA

**PRESIDENT**

**06/17/2019**

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

\_\_\_\_\_  
Date