


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT #574856
 1. Entity Name
 ESPER PRODUCTS DELUXE, INC.



Principal Place of Business
 2793 NORTH ORANGE BLOSSM TRAIL
 P.O. BOX 420657
 KISSIMMEE, FL 34744

Mailing Address
 2793 NORTH ORANGE BLOSSM TRAIL
 P.O. BOX 420657
 KISSIMMEE, FL 34744



D4282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1829961

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MCFARLAND, ANDREW L.
 2793 1/2 N HIGHWAY 441
 KISSIMMEE, FL 32741

DO NOT WRITE IN THIS SPACE

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: *Andrew L. McFarland* Corp. Inactive since 4-17-03 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 3, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCFARLAND, ANDREW L. 2793 1/2 N HIGHWAY 441 KISSIMMEE, FL
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 05/04/04-80015-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Andrew L. McFarland* Andrew L. McFarland 4-29-04 407-847-8146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #