

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90251 008 ***150.00

DOCUMENT # 615286

1. Entity Name
ESSEX, INC.



Principal Place of Business

C/O ASSET SPECIALISTS, INC
2442 METROCENTRE BLVD
WEST PALM BEACH, FL 33407 US

Mailing Address

C/O ASSET SPECIALISTS, INC
2442 METROCENTRE BLVD
WEST PALM BEACH, FL 33407 US

94075543



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1895635

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, WILLIAM G MGR
C/O ASSET SPECIALISTS, INC
2442 METROCENTRE BLVD
WEST PALM BEACH, FL 33407

**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

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 1, 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	TD
NAME	STEINKE, DORIS
STREET ADDRESS	KEHRBEEKE 5A
CITY - ST - ZIP	D3300 BRAUNSCHWEIG 0,
TITLE	D
NAME	MOELLER, DETTMAR
STREET ADDRESS	BERGHEIDE 19
CITY - ST - ZIP	D 2104 HAMBURG 92,
TITLE	PSD
NAME	MOELLER, JURGEN
STREET ADDRESS	ELBSTRASSE 24
CITY - ST - ZIP	D2000 WEDEL, HOLSTEIN,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 561/640-9800