


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90027 034 ***158.75

DOCUMENT # F02000004698					
1. Entity Name ESOX, INC.					
Principal Place of Business 530 HWAY 41 BYPASS S 22A VENICE, FL 34292			Mailing Address 530 HWAY 41 BYPASS S 22A VENICE, FL 34292		
2. Principal Place of Business <u>855 Morgan Towne Way</u>		3. Mailing Address <u>855 Morgan Towne Way</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Venice FL</u>		City & State <u>Venice FL</u>		4. FEI Number <u>41-1784154</u>	
Zip <u>34292</u>		Country <u>USA</u>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KASMIRSKI, JIM 840 CONSTANCE ROAD VENICE, FL 34293			7. Name and Address of New Registered Agent Name: T&H Comptrollers Inc. Street Addr: 200 Capri Isles Blvd. Ste. 2 City: Venice FL 34292		
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: <u>Ronald P. Hogarth</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (If the registered agent signature required when reinstating)</small>				DATE: <u>3-1-04</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS KASMIRSKI, JAMES M 840 CONSTANCE ROAD VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS Kasmirski, James M 855 Morgantowne Way Venice FL 34292
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 no other like employment.					
SIGNATURE: <u>Ronald P. Hogarth</u>				DATE: <u>3-1-04</u>	
OFFICER AND DIRECTOR				Daytime Phone: <u>941-484-4580</u>	