

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000224

Entity Name: ESD PROPERTIES, INC.

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

216 SEVEN FARMS DRIVE
STE 200
CHARLESTON, SC 29492

New Principal Place of Business:

Current Mailing Address:

216 SEVEN FARMS DRIVE
STE 200
CHARLESTON, SC 29492

New Mailing Address:

PO BOX 118048
CHARLESTON, SC 29423

FEI Number: 57-0973854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DISHER, JOHN H
Address: 216 SEVEN FARMS DRIVE, SUITE 200
City-St-Zip: CHARLESTON, SC 29492

Title: DTS () Delete
Name: SCHOOLS, BURTON R
Address: 216 SEVEN FARMS DRIVE, SUITE 200
City-St-Zip: CHARLESTON, SC 29492

Title: P () Delete
Name: EDENFIELD, WILLIAM
Address: 216 SEVEN FARMS DRIVE, SUITE 200
City-St-Zip: CHARLESTON, SC 29492

Title: AS () Delete
Name: BROOKS, GREGORY W
Address: 612 MORELAND AVENUE, SUITE 100
City-St-Zip: ATLANTA, GA 30316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM A EDENFIELD, JR

P

05/06/2009

Electronic Signature of Signing Officer or Director

_____ Date