


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90050 027 ***150.00

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| DOCUMENT # G21394 | | | |  | |
| 1. Entity Name ESSEX ENTERPRISES OF OSCEOLA, INC. | | | | | |
| Principal Place of Business % CHARLOTTE ROBINSON 5160 MOORE ST. ST. CLOUD FL 34771-7871 | | | Mailing Address % CHARLOTTE ROBINSON 5160 MOORE ST. ST. CLOUD FL 34771-7871 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2258529 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROBINSON, JOHN 5160 MOORE ST SAINT CLOUD FL 34771 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 <i>John Robinson</i> <i>John Robinson</i> 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 Make Check Payable to Florida Department of State | | | | | |
| 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 | DPS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBINSON, JOHN K | | NAME | | |
| STREET ADDRESS | 5160 MOORE ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT CLOUD FL 34771 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBINSON, CHARLOTTE | | NAME | ERINA ROBINSON | |
| STREET ADDRESS | 5160 MOORE ST. | | STREET ADDRESS | 5160 MOORE ST. | |
| CITY-ST-ZIP | SAINT CLOUD FL 34771 | | CITY-ST-ZIP | ST. CLOUD FL 34771 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | DVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | RAWN ROBINSON | |
| STREET ADDRESS | | | STREET ADDRESS | 2001 SETTER AVE | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | ST. CLOUD, FL 34771 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | JOHN ROBINSON II | |
| STREET ADDRESS | | | STREET ADDRESS | 5160 MOORE ST | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | ST. CLOUD FL 34771 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | GERALD ROBINSON | |
| STREET ADDRESS | | | STREET ADDRESS | 5160 MOORE ST. | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | ST. CLOUD FL 34771 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | MARK ROBINSON | |
| STREET ADDRESS | | | STREET ADDRESS | 5160 MOORE ST. | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | ST. CLOUD FL 34771 | |
| 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: <i>John K Robinson</i> John K. Robinson Jan 30/04 407/892-6992 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |



MOORE CR2E034 (11/03)