

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # H03059

1. Entity Name

D. JAMES ESLINGER CONSTRUCTION, INC.



Principal Place of Business

1850 PORTER LAKE DR
#109
SARASOTA FL 34240
US

Mailing Address

1850 PORTER LAKE DR
#109
SARASOTA FL 34240
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2403059

Applied For
Not Applicable

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

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESLINGER, JAMES L
8424 COASH RD
SARASOTA FL 34241

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

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTS ☐ Delete
NAME ARDEN, JULIE A
STREET ADDRESS 6400 YELLOW WOOD PL
CITY- ST- ZIP SARASOTA FL 34241

☐ Change ☐ Addition
NAME U00000723841
STREET ADDRESS 05/02/07-80087-018 158.75
CITY- ST- ZIP

TITLE P ☐ Delete
NAME ESLINGER, JAMES L.
STREET ADDRESS 8424 COASH RD
CITY- ST- ZIP SARASOTA FL 34241

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Julie A. Arden Julie A. Arden

1-24-7 (941)371-3920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #