

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90010 027 ***150.00

DOCUMENT # J52736

1. Entity Name
VAN ESSELSTINE ENTERPRISES INC.



Principal Place of Business
207 NAUTICUS ST
DUCK KEY, FL 33050 US

Mailing Address
207 NAUTICUS ST
DUCK KEY, FL 33050 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

400000



01182006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BUSCH, EDWARD F CPA
5800 OVERSEAS HWY
SUITE 6
MARATHON, FL 33050

4. FEI Number
59-2795120

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name **JoAnn B. Ingraham**
 Street Address (P.O. Box Number is Not Acceptable)
5800 Overseas Highway
 Suite
 City **Marathon** FL Zip Code **33050**

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 *JoAnn B. Ingraham* **JoAnn B. Ingraham** **1-30-06**

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, 2006 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP VANESSELSTINE, DONALD R. 207 NAUTICUS ST DUCK KEY, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Don Van Esselstine* **Don Van Esselstine** **1/31/06** **305-289-0523**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #