


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-03-2006 90010 027 \*\*\*150.00

<b>DOCUMENT # J52736</b> 1. Entity Name <b>VAN ESSELSTINE ENTERPRISES INC.</b>																																															
Principal Place of Business <b>207 NAUTICUS ST</b> <b>DUCK KEY, FL 33050 US</b>			Mailing Address <b>207 NAUTICUS ST</b> <b>DUCK KEY, FL 33050 US</b>																																												
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		01182006 Chg-P CR2E034 (11/05)  4. FEI Number <b>59-2795120</b> Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>BUSCH, EDWARD F CPA</b> <b>5800 OVERSEAS HWY</b> <b>SUITE 6</b> <b>MARATHON, FL 33050</b>																																											
7. Name and Address of New Registered Agent Name <b>JoAnn B. Ingraham</b> Street Address (P.O. Box Number is Not Acceptable) <b>5800 Overseas Highway</b> Suite City <b>Marathon</b> <b>FL</b> Zip Code <b>33050</b>				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 <b>JoAnn B. Ingraham</b> DATE <b>1-30-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>DP</b>  <b>VANESSELSTINE, DONALD R.</b>  <b>207 NAUTICUS ST</b>  <b>DUCK KEY, FL 33050</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>VANESSELSTINE, DONALD R.</b> <b>207 NAUTICUS ST</b> <b>DUCK KEY, FL 33050</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>VANESSELSTINE, DONALD R.</b> <b>207 NAUTICUS ST</b> <b>DUCK KEY, FL 33050</b>																																														
	<input type="checkbox"/> Delete																																														
	<input type="checkbox"/> Delete																																														
	<input type="checkbox"/> Delete																																														
	<input type="checkbox"/> Delete																																														
	<input type="checkbox"/> Delete																																														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																														
	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																														
	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																														
	<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 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: <b>Don Van Esselstine</b> <b>1/31/06</b> <b>305-289-0523</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															