

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57730

FILED  
Jan 21, 2005  
Secretary of State

**Entity Name:** ESKO COUNSELING AND CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

% LYNN ESKO  
978 DOUGLAS AVE., STE. 104  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

978 DOUGLAS AVE.  
SUITE 104  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** 59-2922846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESKO, LYNN  
111 COVE WOOD TRAIL  
MAITLAND, FL 32751 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:** D ( ) Delete  
**Name:** ESKO, LYNN,  
**Address:** 1111 COVE WOOD TRAIL  
**City-St-Zip:** MAITLAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** LYNN ESKO

PRES

01/21/2005

Electronic Signature of Signing Officer or Director

Date