


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**RECEIVED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**  
**6. 2006**

DOCUMENT # L30471 1. Entity Name ESI GROUP, INC.					
Principal Place of Business C/O ROBERT S. TRINKLE 102 NORTH 20TH STREET TAMPA FL 33605		Mailing Address C/O ROBERT S. TRINKLE 102 NORTH 20TH STREET TAMPA FL 33605			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2980245	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  REDMAN, JAMES L 212 NORTH COLLINS STREET SUITE 2 PLANT CITY FL 33563-3314				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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>Edward Swindle</i> Edward Swindle		2-22-06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when translated)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWINDLE, EDWARD		NAME		
STREET ADDRESS	ROUTE 2, BOX 532		STREET ADDRESS		
CITY-ST-ZIP	DOVER FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWINDLE, MYRTLE LOU		NAME		
STREET ADDRESS	ROUTE 2, BOX 532		STREET ADDRESS		
CITY-ST-ZIP	DOVER FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWINDLE, RODNEY E		NAME		
STREET ADDRESS	8471 MCINTOSH RD		STREET ADDRESS		
CITY-ST-ZIP	DOVER FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWINDLE, LAURENCE E		NAME		
STREET ADDRESS	102 N. 20TH ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33605		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/05)

4. FEI Number 59-2980245 Applied For Not Applicable

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

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 *Edward Swindle* Edward Swindle 2-22-06  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translated) DATE

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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Edward Swindle* Edward Swindle 2-22-06 (813)248-624  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #