

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90210 024 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # L62156	
1. Entity Name ESSER, INC.	

Principal Place of Business

1858 MAIN ST
SARASOTA, FL 34236

Mailing Address

1858 MAIN STREET
SARASOTA, FL 34236 US

DO NOT WRITE IN THIS SPACE

04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0181611	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ESSER, BRENDA
1858 MAIN ST
SARASOTA, FL 34236

**DO NOT WRITE
 IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature is required when resigning)

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ESSER, BRENDA 1858 MAIN STREET SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ESSER, GARY 1858 MAIN STREET SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ESSER, ANGELA 1858 MAIN ST SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ESSER, TIMOTHY 1858 MAIN ST SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: Brenda Esser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 9413661942
 Date (Indicate Phone #)