

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M41148

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: ESGROUP FINANCIAL CORP.

**Current Principal Place of Business:**

515 SW CALIFORNIA AV  
STUART, FL 349942946 US

**New Principal Place of Business:**

**Current Mailing Address:**

515 SW CALIFORNIA AV  
STUART, FL 349942946 US

**New Mailing Address:**

FEI Number: 59-2735271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SLATER, KATHLEEN  
515 SW CALIFORNIA AVE  
STUART, FL 349942946 US

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

SLATER, KATHLEEN K PRES  
515 SW CALIFORNIA AVE  
STUART, FL 349942946 US

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: KATHLEEN SLATER      03/23/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SLATER, KATHLEEN K.,  
Address: 31 NE LOFTING WAY  
City-St-Zip: SEWALLS POINT, FL 34996

Title: S ( ) Delete  
Name: SLATER, ROBERT L.,  
Address: 31 NE LOFING WAY  
City-St-Zip: SEWALLS POINT, FL 34996

Title: VP ( ) Delete  
Name: SLATER, AJ I  
Address: 4 NE LAGOON ISLAND CT  
City-St-Zip: SEWALLS POINT, FL 34996

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

Title: P (X) Change ( ) Addition  
Name: SLATER, KATHLEEN K PRES  
Address: 31 NE LOFTING WAY  
City-St-Zip: SEWALLS POINT, FL 34996

Title: S (X) Change ( ) Addition  
Name: SLATER, ROBERT L SEC  
Address: 31 NE LOFING WAY  
City-St-Zip: SEWALLS POINT, FL 34996

Title: VP (X) Change ( ) Addition  
Name: SLATER, ALBERT J VP  
Address: 4 NE LAGOON ISLAND CT  
City-St-Zip: SEWALLS POINT, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHLEEN SLATER      PRES      03/23/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date