

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000004489

1. Entity Name
**EXECUTIVE SERVICE CORPS OF SOUTHEAST
FLORIDA, INC.**



Principal Place of Business
**700 SOUTH DIXIE HIGHWAY
#201
WEST PALM BEACH, FL 33401**

Mailing Address
**700 SOUTH DIXIE HIGHWAY
#201
WEST PALM BEACH, FL 33401**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1124375

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**IRVING, ROBERT
700 SOUTH DIXIE HIGHWAY
#201
WEST PALM BEACH, FL 33401**

**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 _____ [NOTE: Registered Agent signature required when reinstating] DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME IRVING, ROBERT
STREET ADDRESS 2179 VERO BEACH LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE VD
NAME GREEN, MURRAY
STREET ADDRESS 13287 SAFFRON CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE SD
NAME FLEISCHER, RICHARD
STREET ADDRESS 15920 LOCH KATRINE TRAIL
CITY-ST-ZIP DEL RAY BEACH, FL 33446

TITLE TD
NAME WOLFSON, WILLIAM
STREET ADDRESS 6759 CATANIA DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33446

TITLE D
NAME WOLFSON, WILLIAM
STREET ADDRESS 700 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME SHERMAN, STANLEY
STREET ADDRESS 700 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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01/19/05-800006-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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: **ROBERT W. IRVING**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05 561-655-0565
Date Daytime Phone