

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004341

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: ESKATON INC.

## Current Principal Place of Business:

605 CEDAR PARK DR.  
DAYTONA BEACH, FL 32114

## New Principal Place of Business:

## Current Mailing Address:

605 CEDAR PARK DR.  
DAYTONA BEACH, FL 32114

## New Mailing Address:

FEI Number: 26-1110290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, KEISHA  
1581 GARDEN AVE.  
HOLLY HILL, FL 32117 US

## Name and Address of New Registered Agent:

WILLIAMS, KEISHA  
522 EAGLE DR.  
HOLLY HILL, FL 32117 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: KEISHA WILLIAMS

03/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAMS, KEISHA  
Address: 1581 GARDEN AVE.  
City-St-Zip: HOLLY HILL, FL 32117

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILLIAMS, KEISHA  
Address: 522 EAGLE DR.  
City-St-Zip: HOLLY HILL, FL 32117

Title: O ( ) Change (X) Addition  
Name: HAILE, ROSE  
Address: 228 HAYNES ST.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: O ( ) Change (X) Addition  
Name: RILEY, JILLEASE  
Address: 120 WINNERS CIRCLE DR. # 108  
City-St-Zip: DAYTONA BEACH, FL 32114

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEISHA WILLIAMS

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date