## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 07, 2008 8:00 am Secretary of State

DOCUMENT # N0700005531  1. Entity Name ESE RESOURCES INC.								04-07-2008 90049 027 ****70.00					
Principal Place of Business  2822 NW 19TH PL  CAPE CORAL, FL 33933 US  CAPE CORAL, FL 33933 US  CAPE CORAL, FL 33933					3 US								
Principal Place of Business - No P.O. Box # 3. Mailing Address					ddress			(NO7000005531N)					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04022008 Chg-NP CR2E037 (12/06)					
City & State			City & State					4. FEI Number Applied For Not Applied For					
Žip	Country					ntry	5. Certificate of Status I			s Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
BRYAN, ANDREW M. JR. 2822 NW 19TH PL CAPE CORAL, FL 33933						Street A	ddress (F	P.O. Box Number is					
						City C	5762 92 Ter. City 0' 11 011 El 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.												and accept	
SIGNATURE  Signature, typed or proof name and the it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
	Filing Fee is \$61.25  9. Election Campaign Financing Due by May 1, 2008  Trust Fund Contribution.									Make check			
10.		OFFICERS AND D	RECTORS		11,			Added to Fees	7 7 7	AL MA AL MARK	A. Buck	THE STATE OF	
TITLE	DIR			☐ Defete	TITLE		Di	<b>ア</b>	-		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BRYAN, ANDREW M JR. 2822 NW 19TH PL CAPE CORAL, FL 33933				NAME STREET CITY-S	T ADDRESS	805	WA Rein EX 5T.		97 275	7/		
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NAME	COLE, DONNA L			LL DONAG	NAME		Co1.	Shinley	fonTe:	S. U.S.A.S	(day)	Addition	
STREET ADDRESS CITY-ST-ZIP	1615 SE 8TH AVE CAPE CORAL, FL 33993			\$			804	Shirley EXST.		7775	マノ		
TITLE	DIR			Z Delete	TITLE	-	Dir	er Park	7. //	1/).	☐ Change	7 Addition	
NAME	FOX, JOS				NAME	ĺ		AThLeen		v			
STREET ADDRESS CITY-ST-ZIP	732 KINGSTON CT. APOLLO BEACH,, F 33572				STREET CITY-S	T AODRESS	282	2 NW 19 CorAl	The Ph	7700	7		
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NAME				_ 55555	NAME								
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NAME STREET ADDRESS					NAME	7 4000000							
CITY-ST-ZIP					CITY-S	T ADDRESS ST-ZIP							
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 rustee 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.													
SIGNAT	URE: _	SIGNATURE AND TYPED OR	//	<u> </u>	AN	preu	s to	BryAN	7/2/0	08 8	<u> </u>	5-660 to	
		ONSTRUCTOR AND ITPED OR		FOR DEMINIS OFFICER OF	T LARECTO	APC .			منعن	Oar	yume Phone #	1	