

FROM :ESM


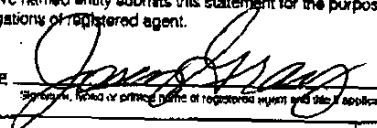
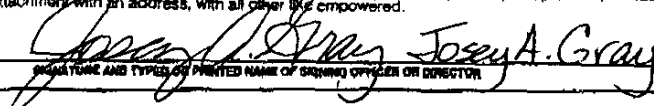
FAX NO. :

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90001 040 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

54070561

DOCUMENT # N19067			
1. Entity Name ESM.ASSOCIATION OF NE FL. INC.			
Principal Place of Business 85061 WAINSCOTT CT. FERNANDINA BEACH, FL 32034		Mailing Address 85061 WAINSCOTT CT. FERNANDINA BEACH, FL 32034	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07192004		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3096294		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WELLS, RENEE 85061 WAINSCOTT CT. FERNANDINA BEACH, FL 32034		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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.			
SIGNATURE 		DATE 8/27/04	
Filing Fee is \$61.25 Due by September 6, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	PP	<input type="checkbox"/> Delete	
NAME	GRAY, JOSEY		
STREET ADDRESS	85061 WAINSCOTT CT.		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	EDWARDS, ANGELA		
STREET ADDRESS	85061 WAINSCOTT CT.		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		
TITLE	T	<input type="checkbox"/> Delete	
NAME	SHERIDAN, LISA		
STREET ADDRESS	85061 WAINSCOTT CT.		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		
TITLE	V	<input type="checkbox"/> Delete	
NAME	DREIER, SUE		
STREET ADDRESS	85061 WAINSCOTT CT.		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		
TITLE	S	<input checked="" type="checkbox"/> Delete	
NAME	PURIFOY, MARY		
STREET ADDRESS	85061 WAINSCOTT CT.		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		
TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete	
NAME	<i>Deborah Garrett</i>		
STREET ADDRESS	<i>85061 Waincott Ct.</i>		
CITY-ST-ZIP	<i>Fernandina Beach, FL 32034</i>		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 files empowered.			
SIGNATURE: 		DATE 8/27/04 (304) 998-6208	
SIGNATURE AND TYPED OR PRINTED NAME OF GRANTED OFFICER OR DIRECTOR		DATE	