

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90316 006 \*\*\*150.00

**DOCUMENT # P01000002623**

**1. Entity Name**  
**ESSON PROPERTIES, INC.**



**Principal Place of Business**  
**8477 BAY COLONY DRIVE**  
**12 NORTH**  
**NAPLES, FL 34108**

**Mailing Address**  
**5811 PELICAN BAY BLVD.**  
**STE 600**  
**NAPLES, FL 34108**

**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**65-1093567**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**FOWLER WHITE BOGGS BANKER P.A.**  
**5811 PELICAN BAY BOULEVARD**  
**SUITE 600**  
**NAPLES, FL 34108**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PTSD**  
**ESSON, JAMES D**  
**8477 BAY COLONY DRIVE 12 NORTH**  
**NAPLES, FL 34108**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**NAME**  
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**CITY-ST-ZIP**

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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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James D. Esson