

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000028968

**FILED**  
**Jul 13, 2005**  
**Secretary of State****Entity Name:** ESSEX SALES AND SERVICES, INC.**Current Principal Place of Business:**165 NE SAGAMORE TER  
PORT SAINT LUCIE, FL 34983 US**New Principal Place of Business:****Current Mailing Address:**165 NE SAGAMORE TER  
PORT SAINT LUCIE, FL 34983 US**New Mailing Address:****FEI Number:** 65-1085189**FEI Number Applied For** ( )**FEI Number Not Applicable** ( )**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**STONE, MICHAEL H  
165 NE SAGAMORE TER  
PORT SAINT LUCIE, FL 34983 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** DP ( ) Delete  
**Name:** STONE, MICHAEL H  
**Address:** 165 NE SAGAMORE TERR  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983**Title:** P (X) Delete  
**Name:** MCLENDON, JULIA L  
**Address:** 165 NE SAGAMORE TERR  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL H. STONE

DP

07/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date