

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078391

FILED
Mar 29, 2010
Secretary of State

Entity Name: ESQUIRE SPECIALTY SERVICES, INC.

Current Principal Place of Business:

1232 ROCK SPRINGS ROAD
#101
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

801 N MAGNOLA AVE.
STE. 204
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3738805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLER, ANDREW C MR.
801 N MAGNOLA AVE.
STE. 204
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: MOLER, ANDREW C MR.
Address: 801 N MAGNOLA AVE STE 204
City-St-Zip: ORLANDO, FL 32803

Title: VP
Name: MOLER, ANDREW C MR.
Address: 1256 WYNDHAM PINE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: SEC
Name: MOLER, ANDREW C MR.
Address: 1256 WYNDHAM PINE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: TRS
Name: MOLER, ANDREW C MR.
Address: 1256 WYNDHAM PINE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: DIR
Name: MOLER, ANDREW C MR.
Address: 1256 WYNDHAM PINE DRIVE
City-St-Zip: APOPKA, FLORIDA, FL 32712

Title: DIR
Name: MOLER, ANDREW C MR.
Address: 1256 WYNDHAM PINE DRIVE
City-St-Zip: APOPKA, FL 32712

I hereby 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 all other like empowered.

SIGNATURE: ANDREW C. MOLER

PRES

03/29/2010

Electronic Signature of Signing Officer or Director

Date