

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90008 017 \*\*\*150.00

<b>DOCUMENT # P02000088758</b> 1. Entity Name <b>ESPRESS SOLUTIONS, INC.</b>			
Principal Place of Business <b>145 EAST DR</b> <b>MELBOURNE, FL 32904</b>		Mailing Address <b>145 EAST DR</b> <b>MELBOURNE, FL 32904</b>	
2. Principal Place of Business <b>154 WINDWARD WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 186</b> Suite, Apt. #, etc.	
City & State <b>INDIAN HARBOUR BEACH, FL</b> Zip Country <b>32937 USA</b>		City & State <b>MELBOURNE, FL</b> Zip Country <b>32902-0186 USA</b>	
4. FEI Number <b>51-0422775</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'BRIEN, JAMES M</b> <b>1686 W HIBISCUS BLVD</b> <b>MELBOURNE, FL 32901</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESTUS, PATRICIA</b> <b>P.O. BOX 186</b> <b>MELBOURNE, FL 329020186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <i>Patricia Estus</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>2-18-04</i> Date	<i>321-243-1199</i> Daytime Phone #