2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

	ANNUAL	. REPORT				Secre	tary	01 2	iaie
DOCU	MENT # P02000103	3236	52			05-01-200	08 90242	008 ***1	50.00
1. Entity Nan	ne ESH CORP.								
AANAT MIL	LOIT CORF.								
Principal Plac	ce of Business	Mailing Address			300	01000			
4034 FAYE ROAD		4034 FAYE ROAD		,					
JACKSONVIL	LE, FL 32226	JACKSONVILLE, FL 32	226	. : '		· ·.			
2 Principal 5	Diago of Dissipance - No. D.O. Day #	2 Mailine Address		, ,					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222008	Chg-P	CR2E	034 (12/06)	
City & State		City & State			4. FEI Number Applied For 43-1976421 Not Applicable				
Zip ~	Country	Zip	Country		5. Certificate	of Status Desired	. 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New	Registered	Agent	
HERNANDEZ, ARTHUR ESQUIRE									
2223 OAK STREET, : SUITE 711			Street A	Address (F	P.O. Box Numbe	r is Not Acceptat	ole) 		
	IVILLE, FL 32204								
			City				FL	Zip Cod	le
8. The above	a named entity submits this statement to tions of registered agent.	r the purpose of changing its	registered office of	r register	ed agent, or bot	h, in the State of F	Florida. I am	familiar with,	and accept
-". i	norta or registereo agent.								
l ' .	•								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signa	lure required	when reinstating)		DATE		****
SIGNATURE							DATE		
SIGNATURE.	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa	ign Financing	\$5.	when reinstating) 00 May Be ed to Fees		DATE		
SIGNATURE.	.E NOW!!! FEE IS \$150.00	9. Election Campa Trust Fund Cont	ign Financing	\$5.	00 May Be ed to Fees	CHANGES TO OF		O DIRECTOR	S IN 11
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 exposwered 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 adultiess, with all other like empowered.

SIGNATURE:

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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