

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90252 030 \*\*\*150.00

**DOCUMENT # P03000003525**

1. Entity Name

ST. ESPRIT, INC.



Principal Place of Business

4030 SOUTH MARK DRIVE  
SARASOTA FL 34232  
US

Mailing Address

4030 SOUTH MARK DRIVE  
SARASOTA FL 34232  
US

54035771



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3290 49th ST.

3. Mailing Address

3290 49th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

43-1996140

Applied For

Not Applicable

Zip

34235

Country

SARASOTA

Zip

34235

Country

SARASOTA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ST. ESPRIT, JUNITA J  
4030 SOUTH MARK DRIVE  
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name JUNITA J. ST. ESPRIT

Street Address (P.O. Box Number is Not Acceptable)

3290 49th ST.

City SARASOTA

FL

Zip Code 34235

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

*Junita J. St. Esprit*

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

(NOTE: Registered Agent signature required when reinstating)

4-10-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ST. ESPRIT, LARRY J SR.  
STREET ADDRESS 4030 SOUTH MARK DRIVE  
CITY-ST-ZIP SARASOTA FL 34232

TITLE VP ☐ Delete  
NAME ST. ESPRIT, JUNITA J  
STREET ADDRESS 4030 SOUTH MARK DRIVE  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3290 49th ST.  
CITY-ST-ZIP SARASOTA, FL 34235

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3290 49th ST.  
CITY-ST-ZIP SARASOTA, FL 34235

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Junita J. St. Esprit*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-04