

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 Mailing Address
4030 SOUTH MARK DRIVE **4030 SOUTH MARK DRIVE**
SARASOTA FL 34232 **SARASOTA FL 34232**
US **US**

54035771



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
3290 49th ST. **3290 49th ST.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SARASOTA, FL **SARASOTA, FL**

4. FEI Number Applied For
43-1996140 Not Applicable

Zip Country Zip Country
34235 **SARASOTA** **34235** **SARASOTA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 St. Esprit* DATE **4-10-04**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ST. ESPRIT, LARRY J SR.	
STREET ADDRESS	4030 SOUTH MARK DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ST. ESPRIT, JUNITA J	
STREET ADDRESS	4030 SOUTH MARK DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3290 49th ST.
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3290 49th ST.
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 St. Esprit* DATE: **4-10-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #