

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000006117

1. Entity Name
ESMS INCORPORATED



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

04-19-2004 90365 020 ***150.00

Principal Place of Business
5792 AVOCADO BLVD,
ROYAL PALM BEACH, FL 33411

Mailing Address
5792 AVOCADO BLVD,
ROYAL PALM BEACH, FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042004

Chg-P

CR2E034 (10/03)

4. FEI Number

16-1650192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301-0000

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. I am familiar with, and accept the obligations of registered agent. n the State of Florida. I am familiar with, and accept

SIGNATURE

instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May-1, 2004-Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME STOLTZ, MICHAEL
STREET ADDRESS 5792 AVOCADO BLVD,
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE D ☐ Delete
NAME STOLTZ, ERIC
STREET ADDRESS 451 RAINBOW SPRINGS TER
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

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
CITY-ST-ZIP

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

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

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

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

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

12. changed, or on an attachment with an address, with all other like empowered.

i). Florida Statutes. I further certify that the information if made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/04

361-621-7366