FILED May 26, 2004 8:00 am Secretary of State

5/3/20

²2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000006221									
1. Entity Name									
ESSA PROPERTIES, INC.]]			
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								υ	
Principal Place			Mailing Address			┥			
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6066 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217									., .
MCKZOIAAIEE	.E, FL 3221	1	JACKSONVILLE, FL 32		[
2 Principal D	lace of Runir	1000	1.2 Mailing Address		- 6				
2. Principal Place of Business 3. Mailing Address					•				
Suita Ant	* 010			Suite, Apt. #, etc.					
Suite, Apt. #, etc.			Suite, Apr. #, etc.			04272004	Chg-P	CR2E034 (10/6	03)
City & State 1			City I State			4 55111			1. 2
City & State			City & State		- A C - 2 · · · /			Applied For	
Zip		Courte	75		_	03-0	303706		Not Applicable
ΣΙ <u>ν</u>		Country	Zip	Coun	шy	5. Certificate of Status Desired \$8.75 Additional			
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	S. Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
ESSA-2001	HIJ. A * · ·				Name		• .	· <u></u>	
ESSA, ROULLA 6066 ST. AUGUSTINE ROAD				Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32217					Silver Address (F.O. Box Norriber is Not Acceptable)				
5,10,10014		VEEI	4						
				<u> </u>					
	4	**.			City			FL Zip	Code
8. The above	named onli	v submits this statement fo	or the purpose of changing its				: # Dist (5)		
the obligati	ions of regis	ered agent.	in the purpose of changing its	s rugister	ed onice or registe	ered agent, or bott	i, in the State of Pic	rida. Tamitanitar v	with, and accept
		• .							
SIGNATURE_	· 								
9	Signature, Mode	or printed name of registered agent	and Mo if applicable. [NO	TE: Registere	d Agant signature require	ed when reinstating)		DATE	
	. ,								
" FILI	E NOWIII	FEE IS \$150.00 4 Fee will be \$550.	9. Election Campa			5.00 May Be		•	
After Ma	ay 1, 200	4 Fee will be \$550.	00 Trust Fund Con	tribution.	☐ Àd	ided to Fees			
10, ,;;	-1.	OFFICERS AND	DIRECTORS	1 44		45545454			
	р	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	CERS AND DIREC	
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	JACKSU	WILLE, FL 32217		CITY	-ST-21P			_ _	
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indicated	cermy (nat in Lon this reco	e information supplied with It or suppliemental report is	n this filing does not qualify for s true and appurate and that owered to execute this repor with all other like empowered	or the exe my signs	mption stated in S ture shall have the	ection 119.07(3)(i) same legal affect), Florida Statutes. I	l further certify that it	the information ficer or director
of the cor	poration or t	he receiver or trastae emo	owered to execute this repor	t as requi	red by Chapter 60	07, Florida Statutes	and that my name	appears in Block	10 or Block 11 if
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