2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038272

Name:

Address:

City-St-Zip:

CEASER, MICHAEL L

12436 APPLE LEAF DR

JACKSONVILLE, FL 32224

Entity Name: ERESH START FINANCIAL SERVICES CORP

FILED Feb 03, 2009 Secretary of State

Littly Nai	ille. I RESIT	START TINANCIAL SERVICES	3 CORF.			
Current Principal Place of Business:				New Principal Place of Business:		
9951 ATLANTIC BLVD. SUITE 313 JACKSONVILLE, FL 32225				8596 A ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 DU		
Current Mailing Address:				New Mailing Address:		
P.O. BOX JACKSON	17683 VILLE, FL 32	245				
FEI Number:	: 45-0496211	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CEASER, MICHAEL L 9951 ATLANTIC BLVD., STE. 313 JACKSONVILLE, FL 32225 US				CEASER, MICHAEL L 8596A ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 US		
	named entity of Florida.	submits this statement for the	purpose of changing	j its registered	office or registered agent, or both	ı,
SIGNATURE:				02/03/2009		
Election Car		nic Signature of Registered Ag	ent		Date	-
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (WALTON, FEI 12436 APPLE JACKSONVILI	LEAF DR	Title: Name: Address: City-St-Zip:	·) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (WALTON, VIO 12436 APPLE JACKSONVILI	LEAF DR	Title: Name: Address: City-St-Zip:	·) Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: VIOLET CEASER-WALTON D 02/03/2009