2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Jan 14, 2008 08:00		
1. Entity Name	ES CONSTRUCTION AN	•		Secretary of Sta		
Principal Place 1213 SAVANI PANAMA CITY	NAH DRIVE	Mailing Address 1213 SAVANNAH DRIVE PANAMA CITY, FL 32405	m stl		BBIII BBIII BBIIL BIIII IBBIA KBU KUU BUIGBI II ABI	
Sold of the state	Walter State of the Control of the C			01072008 No Chg	-P CR2E034 (11/05)	
	O NOT WRIT		ACE	4. FEI Number 56-2359430 5. Certificate of Status De	Applied For Not Applicable sired \$8.75 Additional Fee Required	
465 S. VO STE. C	6. Name and Address of Curre IDA FIRM, INC. LUSIA AVE. CITY, FL 32763	nt Registered Agent		DO NOT IN THIS	WRITE SPACE	
the obligat	ions of registered agent. Signature, typed or printed name of registered agent.		gistered Agent augnature requires		te of Florida I am familiar with, and accept	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$55			ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI PRES JONES, RITA S 1213 SAVANNAH DRIVE PANAMA CITY, FL 32405	ND DIRECTORS	The state of the s		0000783674	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				01/16	V08=89024=011 1138.75	
NAME STREET ADDRESS CITY-ST-ZIP TITLE			in the second	DO NOT	WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			3 de 18	IN I FIS	SPACE*	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	ì		■ 124 28 38 38 38 38 38 38 38 38 38 38 38 38 38	 ご事。************************************	(Plana) 网络人名 电极性 医成体 经产品通信设置 化基料	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-05

215.7788