


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90537 043 \*\*\*150.00

<b>DOCUMENT # P03000096064</b> 1. Entity Name ESTATIC.ORG, INC.			
Principal Place of Business 801 23 ST. N SAINT PETERSBURG, FL 33713		Mailing Address 801 23 ST. N SAINT PETERSBURG, FL 33713	
2. Principal Place of Business 2051 SKIMMER CT Suite, Apt. #, etc. III		3. Mailing Address 2051 SKIMMER CT Suite, Apt. #, etc. III	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33762	Country	Zip 33762	Country
4. FEI Number 36-4539830		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  KELLY, BRANDON R 801 23 ST. N SAINT PETERSBURG, FL 33713		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 2051 SKIMMER CT. # III City CLEARWATER FL Zip Code 33762	
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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, BRANDON R 801 23 ST. N SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, DAVID J 801 23 ST. N SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2051 SKIMMER CT # III CLEARWATER, FL 33762	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2051 SKIMMER CT # III CLEARWATER, FL 33762	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2051 SKIMMER CT # III CLEARWATER, FL 33762	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2051 SKIMMER CT # III CLEARWATER, FL 33762	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/27/05 Daytime Phone #	

50046358



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