


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000121124

1. Entity Name
EST-MOR, INC.



Principal Place of Business
**500 EAST BROWARD BOULEVARD, SUITE 1950
 FORT LAUDERDALE, FL 33394**

Mailing Address
**500 EAST BROWARD BOULEVARD, SUITE 1950
 FORT LAUDERDALE, FL 33394**

DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-2588293

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOYLE, CONRAD J
 500 EAST BROWARD BOULEVARD, SUITE 1950
 FORT LAUDERDALE, FL 33394**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

**FILE NOW!!! FEE IS \$150.00
 After May-1, 2008 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 |
| NAME | HILL, CHARLES |
| STREET ADDRESS | 921 VIA DI FELICITA |
| CITY-ST-ZIP | ENCINITAS, CA 92024 |
| TITLE | PST |
| NAME | HILL, CHARLES |
| STREET ADDRESS | 921 VIA DI FRELICITA |
| CITY-ST-ZIP | ENCINITAS, CA 92024 |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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 05/01/08-80069-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4-15-08 561 914 0201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #