


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90005 014 ***150.00

DOCUMENT # P03000149347
 1. Entity Name
ESP MANAGEMENT SERVICES AGENCY, INC.



Principal Place of Business: % EMPLOYER SELECT PLAN
 6450 ROCKSIDE WOODS BLVD. S SUITE 290
 INDEPENDENCE, OH 44131-2230

Mailing Address: % EMPLOYER SELECT PLAN
 6450 ROCKSIDE WOODS BLVD. S SUITE 290
 INDEPENDENCE, OH 44131-2230

J4U06J1J



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

07022004 Chg-P CR2E034 (10/03)

4. FEI Number: **11-3709217** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
R & A AGENTS, INC.
 % WILLIAM R. O'NEILL, ESQ.
 850 PARK SHORE DRIVE THIRD FLOOR
 NAPLES, FL 34103-3587

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 other like empowered.

SIGNATURE: _____ **7/1/04** **393-1212**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #