

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149347

FILED  
Apr 08, 2010  
Secretary of State

**Entity Name:** ESP MANAGEMENT SERVICES AGENCY, INC.

**Current Principal Place of Business:**

% BENEFITS RESOURCE GROUP  
6480 ROCKSIDE WOODS BLVD. S SUITE 210  
INDEPENDENCE, OH 441312230

**New Principal Place of Business:**

**Current Mailing Address:**

% BENEFITS RESOURCE GROUP  
6480 ROCKSIDE WOODS BLVD. S SUITE 210  
INDEPENDENCE, OH 441312230

**New Mailing Address:**

**FEI Number:** 11-3709217      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

R & A AGENTS, INC.  
% WILLIAM R. O'NEILL, ESQ.  
850 PARK SHORE DRIVE THIRD FLOOR  
NAPLES, FL 341033587 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** FARRO, CHARLES J  
**Address:** 15146 BROLIO DRIVE  
**City-St-Zip:** NAPLES, FL 34110

**Title:** PRES  
**Name:** CREA, JOSEPH R  
**Address:** 2609 HIDDEN CANYON  
**City-St-Zip:** BRECKSVILLE, OH 44141

**Title:** VP  
**Name:** HINKLE, MARK J  
**Address:** 205 KENROY DRIVE  
**City-St-Zip:** WADSWORTH, OH 44281

I hereby 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 all other like empowered.

SIGNATURE: CHARLES J. FARRO

CEO

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date