


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90399 029 \*\*\*150.00

<b>DOCUMENT # P03000153867</b> 1. Entity Name <b>E S O REALTY, INC.</b>																																			
Principal Place of Business <b>26901 AIRPORT RD 490 PUNTA GORDA, FL 33982</b>		Mailing Address <b>26901 AIRPORT RD 490 PUNTA GORDA, FL 33982</b>																																	
2. Principal Place of Business <b>3253 NORMANDY DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3253 NORMANDY DR.</b> Suite, Apt. #, etc.																																	
City & State <b>PORT CHARLOTTE, FL</b> Zip <b>33952</b>		City & State <b>PORT CHARLOTTE, FL</b> Zip <b>33952</b>																																	
4. FEI Number <b>20-0536605</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>OLSON, EDWARD S 1446 MEDITERRANEAN DR #1 PUNTA GORDA, FL 33950</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3253 NORMANDY DR.</b> City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33952</b>																																	
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 <u>Edward S. Olson</u> <b>EDWARD S. OLSON</b> <b>4/12/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">D</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td><b>OLSON, EDWARD S</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><b>26901 AIRPORT RD. APT. 490</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td><b>PUNTA GORDA, FL 33982</b></td> <td></td> </tr> </table>		TITLE	D	NAME	Delete <input type="checkbox"/>	NAME		<b>OLSON, EDWARD S</b>		STREET ADDRESS		<b>26901 AIRPORT RD. APT. 490</b>		CITY-ST-ZIP		<b>PUNTA GORDA, FL 33982</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">Change <input checked="" type="checkbox"/></td> <td style="width:40%;">NAME</td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td><b>3253 NORMANDY DR</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><b>PORT CHARLOTTE, FL 33952</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/>	NAME	Addition <input type="checkbox"/>	NAME		<b>3253 NORMANDY DR</b>		STREET ADDRESS		<b>PORT CHARLOTTE, FL 33952</b>		CITY-ST-ZIP			
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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: <u>Edward S. Olson</u> <b>E. S. OLSON</b>		<b>4/12/06</b> <b>941-626-4724</b> <small>Date Daytime Phone #</small>																																	