## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000050798

Entity Name: EXECUTIVE SPORTS SIMULATIONS, INC.

FILED Apr 14, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9166 ESTERO RIVER CIRCLE 9470 CORKSCREW PALMS CIRCLE ESTERO, FL 33928

SUITE 102

ESTERO, FL 33928

**Current Mailing Address: New Mailing Address:** 

9166 ESTERO RIVER CIRCLE 9470 CORKSCREW PALMS CIRCLE

ESTERO, FL 33928 SUITE 102

ESTERO, FL 33928

FEI Number: 20-8864671 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CHANDLER, CURTIS R DPS CHANDLER, CURTIS R DPS 9166 ESTERO RIVER CIRCLE 9470 CORKSCREW PALMS CIRCLE

ESTERO, FL 33928 SUITE 102 ESTERO, FL 33928 US

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: 04/14/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition CHANDLER, CURTIS R CHANDLER, CURTIS R Name: Name:

9166 ESTERO RIVER CIRCLE 9470 CORKSCREW PALMS CIRCLE SUITE 102 Address: Address:

City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO EL 33928

DVP DVP Title: Title: () Delete (X) Change ( ) Addition

MUGLESTON, JEFF MUGLESTON, JEFF Name: Name:

10911 BONITA BEACH RD SUITE 2081 9470 CORKSCREW PALMS CIRCLE Address: Address:

BONITA SPRINGS, FL 34135 City-St-Zip: City-St-Zip: ESTERO, FL 33928

( ) Delete Title: (X) Change ( ) Addition Title:

CHANDLER, BRUCE CHANDLER, BRUCE Name: Name:

10911 BONITA BEACH RD SUITE 2081 9470 CORKSCREW PALMS, CIRCLE Address: Address:

City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CURTIS R CHANDLER **DPS** 04/14/2008