

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076915

FILED  
Feb 02, 2005  
Secretary of State

Entity Name: MARK ESSERT DEVELOPMENT, INC.

## Current Principal Place of Business:

1305 CALCUTTA DR.  
GULF BREEZE, FL 32563

## New Principal Place of Business:

1305 CALCUTTA DR.  
GULF BREEZE, FL 32563 US

## Current Mailing Address:

1305 CALCUTTA DR.  
GULF BREEZE, FL 32563

## New Mailing Address:

1305 CALCUTTA DR.  
GULF BREEZE, FL 32563 US

FEI Number: 51-0513212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOZIER, THAMES & FRAZIER, P.A.  
24 W. CHASE ST.  
PENSACOLA, FL 32502 US

## Name and Address of New Registered Agent:

ESSERT, MARK P  
1305 CALCUTTA DR.  
GULF BREEZE, FL 32563 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: MARK ESSERT

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSV ( ) Delete  
Name: ESSERT, MARK  
Address: 62672 LAKEVIEW RD.  
City-St-Zip: BEND, OR 97701

Title: D ( ) Delete  
Name: ESSERT, MARK  
Address: 62672 LAKEVIEW RD.  
City-St-Zip: BEND, OR 97701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSV (X) Change ( ) Addition  
Name: ESSERT, MARK  
Address: 1305 CALCUTTA DR.  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: D (X) Change ( ) Addition  
Name: ESSERT, MARK  
Address: 1305 CALCUTTA DR.  
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK ESSERT

P

02/02/2005

Electronic Signature of Signing Officer or Director

Date