## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000123341

1. Entity Name THE ESTO GROUP, INC.



FILED
May 17, 2007 08:00 AM
Secretary of State

Principal Place of Business

3008 WEST JULIA STREET TAMPA, FL 33629

Mailing Address

P. O. BOX 26692 TAMPA, FL 33623



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

03082007	No City-F	C142E034 (11700)		
4. FEI Number			Applied For	

5. Certificate of Status Desired 
\$8.75

20-1522079

\$8.75 Additional

Daytime Phone #

Not Applicable

6. Name and Address of Current Registered Agent

ESOP, MARKUS K 3008 W. JULIA STREET TAMPA, FL 33629

SIGNATURE: \_

## DO NOT WRITE IN THIS SPACE

TAMPA, FL 33629			IN THIS SPACE				
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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  OATE							
		Election Campaign Finan- Trust Fund Contribution.	cing 🗀	\$5.00 May Be Added to Fees			
10,	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESOP, MARKUS K 3008 WEST JOLIA ST TAMPA, FL 33629				U00000764293 05/30/07-80056-006 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/30/01-00036-006 [30.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		;		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP							
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			_,				
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 supplierential 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 attact ment with an address, with all other like empowered							