

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160084

FILED  
May 01, 2006  
Secretary of State

Entity Name: ESSCO COMMUNICATIONS, INC.

**Current Principal Place of Business:**

2177 CASCADES COVE DRIVE  
ORLANDO, FL 32820 US

**New Principal Place of Business:**

**Current Mailing Address:**

2177 CASCADES COVE DRIVE  
ORLANDO, FL 32820 US

**New Mailing Address:**

FEI Number: 20-1934204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEGALZOOM NEVADA, INC.  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: STORY, DAVID B  
Address: 2177 CASCADES COVE DRIVE  
City-St-Zip: ORLANDO, FL 32820 US

Title: SECR ( ) Delete  
Name: ELLIS, STEVE R JR.  
Address: 2177 CASCADES COVE DRIVE  
City-St-Zip: ORLANDO, FL 32820 US

Title: DIR ( ) Delete  
Name: STORY, GAYLE J  
Address: 2177 CASCADES COVE DRIVE  
City-St-Zip: ORLANDO, FL 32820 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID B STORY

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date