

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/25/2005-90215-047-\$150.00-\$150.00

DOCUMENT # P04000160166 1. Entity Name E & S BIC HOLDING INC.				 FILED 05 JUN 13 AM 9:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442		Mailing Address 1002 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0101956	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STALLONE, ANDREW 1002 E. NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 fee if applicable. (NOTE: Registered Agent signature required when renaming)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLMAN, EDWARD 1002 E. NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STALLONE, ANDREW 1002 E. NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: MS ANDREW STALLONE			4/17/05 954-978-8000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		