
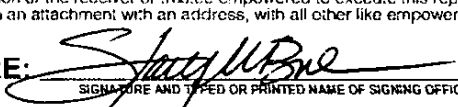


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90109 046 ***150.00

| | | | | | |
|--|--|---------------------|--|---|--|
| DOCUMENT # P05000020548 1. Entity Name ESB PROPERTIES, INC. | | | |  | |
| Principal Place of Business 4 HERITAGE COVE CT CASSELBERRY, FL 32707 | | | Mailing Address 4 HERITAGE COVE CT CASSELBERRY, FL 32707 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-2353126 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PAYNE BURTON, MARC A 2826 SHADER ROAD ORLANDO, FL 32808 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent Signature required when reissuing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | DP <input type="checkbox"/> Delete BURTON, ERIC A 4 HERITAGE COVE CT CASSELBERRY, FL 32707 | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-STATE-ZIP | | | CITY-STATE-ZIP | | |
| TITLE | DV <input type="checkbox"/> Delete BURTON, STACEY S 4 HERITAGE COVE CT CASSELBERRY, FL 32707 | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-STATE-ZIP | | | CITY-STATE-ZIP | | |
| TITLE | <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-STATE-ZIP | | | CITY-STATE-ZIP | | |
| TITLE | <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-STATE-ZIP | | | CITY-STATE-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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3/11/06 (407)265-2299 <small>Date Daytime Phone #</small> | | |