


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State


DOCUMENT # P05000023443
 1. Entity Name
 ESA FINANCIAL SERVICES INC.



Principal Place of Business
 12 LEIDEL DRIVE
 PALM COAT, FL 32137

Mailing Address
 12 LEIDEL DRIVE
 PALM COAT, FL 32137

DO NOT WRITE IN THIS SPACE



03112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2325767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATKINS, EVELYN S
 12 LEIDEL DRIVE
 PALM COAST, FL 32137

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINS, EVELYN S 12 LEIDEL DRIVE PALM COAST, FL 32137
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 04/25/07-80058-006 150.00

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 and all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **4/12/07** Daytime Phone #: **904-669-8394**