

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90021 049 ***150.00

DOCUMENT # P05000052110

1. Entity Name

E STREET HOLDINGS, INC.



Principal Place of Business

**5550 BEACH BOULEVARD
JACKSONVILLE FL 32207-5161**

Mailing Address

**5550 BEACH BOULEVARD
JACKSONVILLE FL 32207-5161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2665833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MALONE, MARY M
5550 BEACH BOULEVARD
JACKSONVILLE FL 32207-5161**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MALONE, MARY M**
STREET ADDRESS **5923 SAXONY WOODS LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **D** ☐ Delete
NAME **ZARKA, LEWIS N**
STREET ADDRESS **505 LANCASTER STREET #9C**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V. President** ☐ Change ☒ Addition
NAME **Andrew J Zarka**
STREET ADDRESS **2101 College St**
CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE **V. President** ☐ Change ☒ Addition
NAME **Margaret M. McKenzie**
STREET ADDRESS **7229 Hernando Rd**
CITY-ST-ZIP **Jacksonville FL 32217**

TITLE **V. President** ☐ Change ☒ Addition
NAME **Carrie A. Zarka**
STREET ADDRESS **1914 This Point Lane**
CITY-ST-ZIP **Jacksonville FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

Mary M. Malone **Mary M. Malone**

1/17/06

904-398-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #