

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135257

**FILED**  
**Feb 09, 2009**  
**Secretary of State**

**Entity Name:** E'S LATHING, INC.

**Current Principal Place of Business:**

P.O.BOX 543  
SANDERSON, FL 32087 US

**New Principal Place of Business:**

767 STOCKTON STREET  
JACKSONVILLE, FL 32204 US

**Current Mailing Address:**

P.O.BOX 543  
SANDERSON, FL 32087 US

**New Mailing Address:**

767 STOCKTON STREET  
JACKSONVILLE, FL 32204 US

**FEI Number:** 20-3560077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUNG, JAMES E JR  
767 STOCKTON STREET  
JACKSONVILLE, FL 32204 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: YOUNG, JAMES E JR.  
Address: P.O.BOX 543  
City-St-Zip: SANDERSON, FL 32087 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES E YOUNG

PRES

02/09/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date