

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167848

Entity Name: ESNACKO.COM, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

2640-204 BLANDING BLVD., STE 407
MIDDLEBURG, FL 32068

New Principal Place of Business:

221 N HOGAN STREET STE 369
JACKSONVILLE, FL 32202

Current Mailing Address:

2640-204 BLANDING BLVD., STE 407
MIDDLEBURG, FL 32068

New Mailing Address:

221 N HOGAN STREET STE 369
JACKSONVILLE, FL 32202

FEI Number: 22-3919606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA DEVELOPMENT & LAND INC
2640-204 BLANDING BLVD., SUITE 407
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

BOWER, CORY W
221 N HOGAN STREET STE 369
JACKSONVILLE, FL 32202 US

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: CARRIE SPOONER

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOWER, CORY W
Address: 2640-204 BLANDING BLVD., SUITE 407
City-St-Zip: MIDDLEBURG, FL 32068

Title: VPTD () Delete
Name: SPOONER, JAMES
Address: 2640-204 BLANDING BLVD., SUITE 407
City-St-Zip: MIDDLEBURG, FL 32068

Title: S (X) Delete
Name: SPOONER, CARRIE
Address: 2640-204 BLANDING BLVD., SUITE 407
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOWER, CORY W
Address: 221 N HOGAN STREET STE 369
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPTD (X) Change () Addition
Name: WILLIAMS, AMANDA
Address: 221 N HOGAN STREET STE 369
City-St-Zip: JACKSONVILLE, FL 32202

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: CARRIE SPOONER

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03/23/2009

Electronic Signature of Signing Officer or Director

Date