

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000036380</b>	
1. Entity Name ES ORCHIDS, INC.	
Principal Place of Business 14816 HERONGLEN LITHIA, FL 33547	Mailing Address 14816 HERONGLEN LITHIA, FL 33547



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1953164	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  CHENOWETH, EVA 14816 HERONGLEN LITHIA, FL 33547	<b>DO NOT WRITE IN THIS SPACE</b>
--------------------------------------------------------------------------------------------------------------	---------------------------------------

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	DATE 01/22/08-80020-004 150.00
-------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSHMAN, DAVID 14816 HERONGLEN LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHENOWETH, EVA 14816 HERONGLEN LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MARSHMAN, SUE 14816 HERONGLEN LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES CHENOWETH, SCOTT 14816 HERONGLEN LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SPARROW, LEANN 14816 HERONGLEN LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Eva D Chenoweth* - Eva D Chenoweth 1/15/08 (813) 571-7033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #