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Brian Edwards

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**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90065 010 ***150.00

DOCUMENT # P07000034338**1. Entity Name**
ESSENTIAL SOLUTIONS, INC.**Principal Place of Business**
9417 CAVENDISH DRIVE #105
TAMPA, FL 33626-9**Mailing Address**
9417 CAVENDISH DRIVE #105
TAMPA, FL 33626-9**2. Principal Place of Business - No P.O. Box #****3. Mailing Address****Subs. Apt. #, etc.****Subs. Apt. #, etc.****01042008****Chg-P****CR2ED34 (12/06)****City & State****City & State****4. FEI Number****20-867015E****Applied For****Not Applicable****Zip****Country****Zip****Country****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HOOK, JUSTIN M**
9417 CAVENDISH DRIVE #105
TAMPA, FL 33626-9**Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****8. I, the above named entity, submit 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***Justin Hook - President***1-7-2008****FILE NOW!!! FEE IS \$150.00**
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing**
Trust Fund Contribution☐**\$5.00 May Be**
Added to Fees**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOOK, JUSTIN M
9417 CAVENDISH DRIVE #105
TAMPA, FL 33626-9**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
CHIEF FINANCIAL OFFICER
John Calcajio
31 Gregory Lane
Bradford, PA 16701**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
CHIEF EXECUTIVE OFFICER
Andra Hook
5743 Edgebrook Dr.
Glenview, OHIO 43021**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
CHIEF TECHNICAL OFFICER
William Hook
5743 Edgebrook Dr.
Glenview, OHIO 43021**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME
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CITY-ST-ZIP**TITLE**
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CITY-ST-ZIP**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 filers empowered.****SIGNATURE:***Justin Hook - President***1-7-2008****813-842-0404****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****Date****Corporate Phone #**