

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90010 039 \*\*\*150.00

DOCUMENT # P07000087416

1. Entity Name

E-STRATEGY, INC.



Principal Place of Business

1510 MALLARD LANDING BLVD  
JACKSONVILLE FL 32259

Mailing Address

1510 MALLARD LANDING BLVD  
JACKSONVILLE FL 32259



2. Principal Place of Business - No P.O. Box #

4210 Baymeadows Rd

3. Mailing Address

4210 Baymeadows Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Jax FL

City & State

Jax FL

4. FEI Number

26-0644275

Applied For

Not Applicable

Zip

32217

Country

us

Zip

32217

Country

us

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES A NOLAN, P.A.  
4114 HERSCHEL STREET STE 105  
JACKSONVILLE FL 32210

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 constituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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 DCEO ☐ Delete  
NAME LUPO, R OBERT  
STREET ADDRESS 1510 MALLARD LANDING BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE P ☐ Delete  
NAME LUPO, ROBERT OBERT  
STREET ADDRESS 1510 MALLARD LANDING BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE VPS ☐ Delete  
NAME LUPO, HOLLY OBERT  
STREET ADDRESS 1510 MALLARD LANDING BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE CFO ☐ Delete  
NAME LUPO, HOLLY OBERT  
STREET ADDRESS 1510 MALLARD LANDING BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32259

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 CEO ☒ Change ☐ Addition  
NAME Lupo, Robert  
STREET ADDRESS 4210 Baymeadows Rd  
CITY-ST-ZIP Jax FL 32217

TITLE P ☒ Change ☐ Addition  
NAME Lupo, Robert  
STREET ADDRESS 4210 Baymeadows Rd  
CITY-ST-ZIP Jax FL 32217

TITLE VP ☒ Change ☐ Addition  
NAME Lupo, Holly  
STREET ADDRESS 4210 Baymeadows Rd  
CITY-ST-ZIP Jax FL 32217

TITLE CFO ☒ Change ☐ Addition  
NAME Lupo, Holly  
STREET ADDRESS 4210 Baymeadows Rd  
CITY-ST-ZIP Jax FL 32217

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:

*Holly Lupo* *Holly Lupo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08  
Date

904-280-2985  
Daytime Phone #