

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043832

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ESSENTIAL SERVICE SOLUTIONS INC

## Current Principal Place of Business:

1229 LEATHERWOOD DR  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

784 HAROLD AVE  
SUITE 101  
WINTER PARK, FL 32789

## Current Mailing Address:

1229 LEATHERWOOD DR  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

784 HAROLD AVE  
SUITE 101  
WINTER PARK, FL 32789

FEI Number: 26-2528558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANGLIN, BRANDON R  
1229 LEATHERWOOD DR  
ALTAMONTE SPRINGS, FL 32714 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: ANGLIN, BRANDON R  
Address: 1229 LEATHERWOOD DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CEO ( ) Delete  
Name: MINER, DEREK L  
Address: 1569 CROSSWIND CIR  
City-St-Zip: ORLANDO, FL 32825

Title: VP ( ) Delete  
Name: POWERS, BRUCE F  
Address: 10343 WINDING CREEK LN  
City-St-Zip: ORLANDO, FL 32825

Title: T (X) Delete  
Name: BASDEN, BRUCE E  
Address: 123 TOLUCA DR  
City-St-Zip: KISSIMMEE, FL 34743

Title: EVP (X) Delete  
Name: BLANK, CHRISTOPHER D  
Address: 16518 BEARLE RD  
City-St-Zip: ORLANDO, FL 32828

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DEREK L MINER

CEO

04/30/2009

Electronic Signature of Signing Officer or Director

Date