

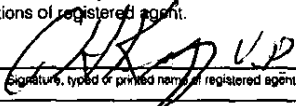
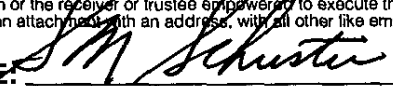


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90262 012 ***150.00

DOCUMENT # P14280 1. Entity Name ESTECH, INC.					
Principal Place of Business BARTOW HOLINGS, INC. 701 HARGER RD., STE. 190 OAK BROOK, IL 60521			Mailing Address BARTOW HOLINGS, INC. 701 HARGER RD., STE. 190 OAK BROOK, IL 60521		
2. Principal Place of Business 701 Harger Road Suite, Apt. #, etc. 190		3. Mailing Address 701 Harger Road Suite, Apt. #, etc. 190			
City & State Oak Brook, IL Zip 60523		City & State Oak Brook, IL Zip 60523		4. FEI Number 13-3346659 Applied For <input type="checkbox"/> Not Applicable	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Southern Bakeries, Inc. Street Address (P.O. Box Number is Not Acceptable) Attn: Arthur Krantz 3355 W. Memorial Blvd. City Lakeland FL Zip Code 33801	
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:  Southern Bakeries, Inc By :Arthur Krantz, VP 4/13/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	GM BARNETT, J CONNALLY 1857 KELLER ROAD FT. MEADE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Gustafson, F. Edward 701 Harger Road, Ste. 190 Oak Brook, IL 60523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GUSTAFSON, F. EDWARD 701 HARGER RD. OAK BROOK, IL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kelly, Donald P. 701 Harger Rd. Ste. 190 Oak Brook, IL 60523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MULLIS, MICHAEL S. 1857 KELLER ROAD FT MEADE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARNETT, J CONNELLY JR 1857 KELLER ROAD FT. MEADE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARNETT, J CONNELLY JR 1857 KELLER ROAD FT. MEADE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHUSTER, STEPHEN M. 701 HARGER RD. OAK BROOK, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHUSTER, STEPHEN M. 701 HARGER RD. OAK BROOK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHUSTER, STEPHEN M. 701 HARGER RD. OAK BROOK, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHUSTER, STEPHEN M. 701 HARGER RD. OAK BROOK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHUSTER, STEPHEN M. 701 HARGER RD. OAK BROOK, FL	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Stephen M. Schuster, VP 4/13/04 630-571-4431		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		