

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P14280	
1. Entity Name ESTECH, INC.	
\$150.00	



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
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FILED

06 APR 28 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04042006 No Chg-P CR2E034 (11/05) 06

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3346659	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SOUTHERN BAKERIES, INC. ATTN: ARTHUR KRANTZ 3355 W. MEMORIAL BLVD LAKELAND, FL 33801	

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUSTAFSON, EDWARD F 701 HARGER ROAD STE 190 OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, DONALD P 701 HARBER RD STE 190 OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULLIS, MICHAEL S. 1857 KELLER ROAD FT MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNETT, J CONNELLY JR 1857 KELLER ROAD FT. MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHUSTER, STEPHEN M. 701 HARGER RD. OAK BROOK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400074327154  
05/10/06--01012--002 \*\*1250.00

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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: Stephen M. Schuster Stephen M. Schuster, VP & Sec. 12 APR 06 630-575-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #