


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P14280		
1. Entity Name ESTECH, INC.		

FILED  
07 APR 26 PM 3: 50  
TALLAHASSEE, FLORIDA

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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOUTHERN BAKERIES, INC. ATTN: ARTHUR KRANTZ 3355 W. MEMORIAL BLVD LAKELAND, FL 33801		Name SAME	
		Street Address (P.O. Box Number is Not Acceptable)	
		City SAME	
		State FL	Zip Code SAME

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUSTAFSON, EDWARD F 701 HARGER ROAD STE 190 OAK BROOK, IL 60523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800103010938 05/22/07--01021--008 **1400.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, DONALD P 701 HARGER RD STE 190 OAK BROOK, IL 60523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JMS/14
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARNETT, J CONNELLY JR 1857 KELLER ROAD FT. MEADE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 4/09/07 630-571-4433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #