2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State
03-07-2007 90005 030 ***150.00

DOCUMENT # P94000039610

1. Entity Name
ESSKAY, INC.

Principal Place of Business	Mailing Address
41 ORLANDO DRIVE INDIAN LAKE ESTATES, FL 33855 US	P O BOX 7737 INDIAN LAKE ESTATES, FL 33855 US

01072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6980 ORLANDO DR	
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: INDIAN LAKE ESTATES, FL	City & State
Zip: 33855 Country: US	Zip Country

4. FEI Number: 65-0491129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAPLAN, SANDRA 41B ORLANDO DRIVE INDIAN LAKE ESTATES, FL 33855	Name: KAPLAN, SANDRA Street Address (P.O. Box Number is Not Acceptable): 6980 ORLANDO DR City: INDIAN LAKE ESTATES FL Zip Code: 33855

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: Sandra Kaplan 2/24/07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP KAPLAN, SANDRA 41B ORLANDO DR INDIAN LAKE ESTATES, FL 33855	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KAPLAN, SANDRA 6980 ORLANDO DR INDIAN LAKE ESTATES, FL 33855	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ESTHER VOGEL 300 BERKLEY RD #312 HOLLYWOOD, FL 33024	☐ Change ☑ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Sandra Kaplan SANDRA KAPLAN 2/24/07 863-692-2548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #