2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90005 030 ***150.00

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1. Entity Name
ESSKAY, INC.

Principal Place of Business
41 ORLANDO DRIVE
INDIAN LAKE ESTATES, FL 33855 US

Mailing Address
P O BOX 7737
INDIAN LAKE ESTATES, FL 33855 US

2. Principal Place of Business - No P.O. Box # 6980 ORLANDO DR
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01072007 Chg-P CR2E034 (12/06)

City & State: INDIAN LAKE ESTATES, FL
Zip: 33855 Country: US

City & State
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

KAPLAN, SANDRA
41B ORLANDO DRIVE
INDIAN LAKE ESTATES, FL 33855

7. Name and Address of New Registered Agent

Name: KAPLAN, SANDRA
Street Address (P.O. Box Number is Not Acceptable): 6980 ORLANDO DR
INDIAN LAKE ESTATES
City: 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 resigning) 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
DP KAPLAN, SANDRA 41B ORLANDO DR INDIAN LAKE ESTATES, FL 33855	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
DP KAPLAN, SANDRA 6980 ORLANDO DR INDIAN LAKE ESTATES, FL 33855	☑ Change
V ESTHER VOGEL 300 BERKLEY RD #312 HOLLYWOOD, FL 33024	☑ 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 #