


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000039610 1. Entity Name ESSKAY, INC.	
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Principal Place of Business 6980 ORLANDO DR INDIAN LAKE ESTATES, FL 33855 US	Mailing Address P O BOX 7737 INDIAN LAKE ESTATES, FL 33855 US
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0491129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, SANDRA
6980 ORLANDO DR
INDIAN LAKE ESTATES, FL 33855

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DP KAPLAN, SANDRA 6980 ORLANDO DR INDIAN LAKE ESTATES, FL 33855
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VOGEL, ESTHER 300 BERKLEY RD #312 HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 1/31/08 863-692-2548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #