2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000065021

1. Entity Name
ESQUIRE REPORTING, INC.

Principal Place of Business	Mailing Address
422 CAMDEN AVENUE STUART, FL 34994	422 CAMDEN AVENUE STUART, FL 34994

DO NOT WRITE IN THIS SPACE

03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0603506
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCARTHY, TERRENCE P
2400 SE FEDERAL HIGHWAY
FOURTH FLOOR
STUART, FL 34994

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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.

U00000492715
04/19/06-80075-010 150.00

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ENLOE, KATHY CABRE
STREET ADDRESS	422 CAMDEN AVE
CITY-ST-ZIP	STUART, FL 34994
TITLE	VP
NAME	ENLOE, KATHY CABRE
STREET ADDRESS	422 CAMDEN AVE
CITY-ST-ZIP	STUART, FL 34994
TITLE	ST
NAME	ENLOE, KATHY CABRE
STREET ADDRESS	422 CAMDEN AVE
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Kathy Cabre Enloe (Kathy Cabre Enloe) 3/31/06 (772) 283-800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #