

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000065021 1. Entity Name ESQUIRE REPORTING, INC.	
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Principal Place of Business 422 CAMDEN AVENUE STUART, FL 34994	Mailing Address 422 CAMDEN AVENUE STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0603506	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ENLOE, KATHY CABRE 422 CAMDEN AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ENLOE, KATHY CABRE 422 CAMDEN AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ENLOE, KATHY CABRE 422 CAMDEN AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/14/08-80034-018 150.00

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IN THIS SPACE**

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: 	3/27/08 (772) 283-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #