

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90003 021 ***150.00

DOCUMENT # P96000001346			
1. Entity Name DAVID C. ESSER, P.A.			
Principal Place of Business 1590 NW 10TH AVE SUITE 302 BOCA RATON, FL 33486		Mailing Address 1590 NW 10TH AVE SUITE 302 BOCA RATON, FL 33486	
2. Principal Place of Business DAVID C. ESSER Suite, Apt. #, etc. 1189 ST. ALBANS Loop City & State LAKE MARY, FL. Zip 32746 Country USA		3. Mailing Address DAVID C. ESSER 1189 ST. ALBANS Loop Suite, Apt. #, etc. 1189 ST. ALBANS Loop City & State LAKE MARY, FL. Zip 32746 Country USA	
4. FEI Number 65-0641038		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESSER, DAVID C 1590 NW 10TH AVE SUITE 302 BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name DAVID C. ESSER, P.A. Street Address (P.O. Box Number is Not Acceptable) 1189 ST. ALBANS Loop City LAKE MARY, FL Zip Code 32746	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees ☐ In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESSER, DAVID C 1590 NW 10TH AVE SUITE 302 BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. ESSER, DAVID C. ☒ Change ☐ Addition 1189 ST. ALBANS Loop LAKE MARY, FL. 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 exemption stated in Section 119.07(3)(i), 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: David C. Esser SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8-18-04 Daytime Phone # 407-333-1569	

54069130



08172004 Chg-P CR2E034 (10/03)

467.333-1569



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Attachment # 156-000001346
First-Class Mail
U.S. Postage
PAID
State of Florida
84321
54069130

NOTICE OF INTENT TO DISSOLVE

0013991 01 AV 0.178 **AUTO T1 1 1203 32746-194689



DAVID C. ESSER, P.A.
1189 SAINT ALBANS LOOP
LAKE MARY FL 32746-1946

I HAVE NOT RECEIVED ANY
PRIOR NOTICE.

David C. Esser