

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000014335

Entity Name: E.S.T., INC.

FILED
Sep 24, 2009
Secretary of State**Current Principal Place of Business:**589 YOUNG ST
MELBOURNE, FL 32935 US**New Principal Place of Business:****Current Mailing Address:**589 YOUNG ST
MELBOURNE, FL 32935 US**New Mailing Address:**

FEI Number: 59-3371946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:TUCKER, EDWARD S DPTS
589 YOUNG STREET
MELBOURNE, FL 32935 US**Name and Address of New Registered Agent:**TUCKER, EDWARD S DPT
589 YOUNG STREET
MELBOURNE, FL 32935 US

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.

SIGNATURE: EDWARD S. TUCKER

09/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DPTS () Delete
Name: TUCKER, EDWARD S DPTS
Address: 589 YOUNG STREET
City-St-Zip: MELBOURNE, FL 32935 USTitle: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DPT (X) Change () Addition
Name: TUCKER, EDWARD S DPT
Address: 589 YOUNG STREET
City-St-Zip: MELBOURNE, FL 32935 USTitle: S () Change (X) Addition
Name: TUCKER, KENDALL M S
Address: 589 YOUNG STREET
City-St-Zip: MELBOURNE, FL 32935 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD S. TUCKER

DPT

09/24/2009

Electronic Signature of Signing Officer or Director

Date