


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000013106
 1. Entity Name
 ELECTRONIC SALES ASSOCIATES, INC.



Principal Place of Business Mailing Address
 6530 W. ROGERS CIR., STE #28 6530 W. ROGERS CIR., STE #28
 BOCA RATON, FL 33487 US BOCA RATON, FL 33487 US

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04232004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0734123 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JONES, RAYMOND C.
 6530 W. ROGERS CIR., STE #28
 BOCA RATON, FL 33487

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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.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JONES, RAYMOND C 6530 W. ROGERS CIR., STE #28 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JONES, DIANE B 6530 W. ROGERS CIR., STE #28 BOCA RATON, FL 33487
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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: Raymond C Jones Pres. 4/23/2004 J61-226-1309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #