

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104494

Entity Name: ESFORMES HOLDINGS, CORP.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

503 10TH ST W.
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

503 10TH ST W.
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 65-0800816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ESFORMES, NATHAN J
Address: 503 10TH ST W.
City-St-Zip: PALMETTO, FL 34221

Title: DSVP () Delete
Name: ESFORMES, JOSEPH E
Address: 503 10TH ST W.
City-St-Zip: PALMETTO, FL 34221

Title: DVST () Delete
Name: ESFORMES-ALVAREZ, ELIZABETH
Address: 503 10TH ST W
City-St-Zip: PALMETTO, FL 34221

Title: AVPT () Delete
Name: BOYER, WILLIAM F.
Address: 8690 W LINNE RD
City-St-Zip: TRACY, CA 95376

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM F. BOYER

AVPT

04/20/2005

Electronic Signature of Signing Officer or Director

Date