

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000104494

1. Entity Name
ESFORMES HOLDINGS, CORP.



Principal Place of Business
503 10TH ST W.
PALMETTO, FL 34221

Mailing Address
503 10TH ST W.
PALMETTO, FL 34221

DO NOT WRITE IN THIS SPACE

**FILED
Mar 12, 2007 8:00 am
Secretary of State**

03-12-2007 90106 014 ***158.75



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0800816	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ESFORMES, NATHAN J
STREET ADDRESS 503 10TH ST W.
CITY-ST-ZIP PALMETTO, FL 34221

TITLE DSVP
NAME ESFORMES, JOSEPH E
STREET ADDRESS 503 10TH ST W.
CITY-ST-ZIP PALMETTO, FL 34221

TITLE DVST
NAME ESFORMES-ALVAREZ, ELIZABETH
STREET ADDRESS 503 10TH ST W
CITY-ST-ZIP PALMETTO, FL 34221

TITLE AVPT
NAME BOYER, WILLIAM F.
STREET ADDRESS 8690 W LINNE RD
CITY-ST-ZIP TRACY, CA 95376

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07

Date

941-722-3291

Daytime Phone #