

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

**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**



03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0800816**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$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, 2008 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-STATE-ZIP	PALMETTO, FL 34221
TITLE	DSVP
NAME	ESFORMES, JOSEPH E
STREET ADDRESS	503 10TH ST W.
CITY-STATE-ZIP	PALMETTO, FL 34221
TITLE	DVST
NAME	ESFORMES-ALVAREZ, ELIZABETH
STREET ADDRESS	503 10TH ST W
CITY-STATE-ZIP	PALMETTO, FL 34221
TITLE	AVPT
NAME	BOYER, WILLIAM F.
STREET ADDRESS	8690 W LINNE RD
CITY-STATE-ZIP	TRACY, CA 95376
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000368667  
04/09/08-80018-007 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #