

2004 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

04 MAY -4 PM 4: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000064960

1. Entity Name
ESKO/ALLIANT-AFFORDABLE GEORGIA, INC.



Principal Place of Business
340 ROYAL POINCIANA PLAZA, SUITE 305
PALM BEACH, FL 33480

Mailing Address
340 ROYAL POINCIANA PLAZA, SUITE 305
PALM BEACH, FL 33480



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0990060

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D
1205 MANATEE AVE WEST
BRADENTON, FL 34205

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

00036522398
05/17/04--01074--005 **821.00

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	KOHL, SIDNEY
STREET ADDRESS	340 ROYAL POINCIANA PLAZA #305
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	P
NAME	KOTICK, SCOTT
STREET ADDRESS	340 ROYAL POINCIANA PLAZA #305
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VPST
NAME	JENKINS, JAMES C
STREET ADDRESS	340 ROYAL POINCIANA PLAZA #305
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP
NAME	HORWITZ, SHAWN
STREET ADDRESS	340 ROYAL POINCIANA PLAZA #305
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawn Horwitz

Date

Daytime Phone #

818 668 6800