## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000075637

1. Entity Name

ESKO AFFORDABLE HOUSING - 97A, INC.



Principal Place of Business

Mailing Address

340 ROYAL POINCIANA PLAZA, SUITE 305 PALM BEACH, FL 33480 US

1544 SAWDUST ROAD, SUITE 210 THE WOODLANDS, TX 77380





## DO NOT WRITE IN THIS SPACE

08042005 No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0868517 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, JAMES C 340 ROYAL POINCIANA WAY STE 305 PALM BEACH, FL 33480

SIGNATURE:

## 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.  700059721/05-01003-014 **550.00					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE					
FILE NOW!!! FEE IS \$550.00  Due by September 7, 2005  9. Election Campaign Financia Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	1		<u> </u>
TITLE NAME Street address City-St-Zip	P RUSH, G. BARRON 1544 SAWDUST ROAD, SUITE 210 THE WOODLANDS, TX 77380				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S STAGGS, JANET 1554 SAWDUST ROAD, SUITE 210 THE WOODLANDS, TX 77380				
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
THTLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					