

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90037 020 ***150.00

DOCUMENT # P98000081414

1. Entity Name
E. S. H. INCORPORATED



Principal Place of Business
**1448 N SEMORAN BLVD
CASSELBERRY, FL 32707**

Mailing Address
**1448 N SEMORAN BLVD
CASSELBERRY, FL 32707**

34047401

2. Principal Place of Business
1442 SR 436

3. Mailing Address
1442 SR 436

Suite, Apt. #, etc.
Unit 1076

Suite, Apt. #, etc.
Unit 1076

03162004 Chg-P CR2E034 (10/03)

City & State
Casselberry FL

City & State
CASSELBERRY FL

4. FEI Number
59-3555603

Applied For
Not Applicable

Zip
32707 Country
ORANGE

Zip
32707 Country
ORANGE

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

6. Name and Address of Current Registered Agent

**HARVILL, ERNEST-S
3031 INDIAN DR.
ORLANDO, FL 32812-3701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
HARRILL, ERNEST S
STREET ADDRESS
3031 INDIAN DR
CITY-ST-ZIP
ORLANDO, FL 32812

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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: Ernest S Harvill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04
Date

407-843-4331
Daytime Phone #