

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016324

Entity Name: ESMOKES, INC.

FILED
Apr 12, 2004
Secretary of State

Current Principal Place of Business:

PO BOX 9208
RESTON, VA 20195 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9208
RESTON, VA 20195 US

New Mailing Address:

FEI Number: 59-3587018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSON, GARY D
250 PARK AVE SOUTH, FIFTH FLOOR
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SMITHSON, LISA
1901 ULMERTON ROAD
SUITE 750
CLEARWATER, FL 33762 US

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.

SIGNATURE: LISA SMITHSON

04/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: THADANI, JANAK
Address: PO BOX 9208
City-St-Zip: RESTON, VA 20195

Title: CEO (X) Delete
Name: KIRSCHNER, GARY E
Address: PO BOX 9208
City-St-Zip: RESTON, VA 20195

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALKER, SCOTT
Address: PO BOX 9208
City-St-Zip: RESTON, VA 20195

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT WALKER

P

04/12/2004

Electronic Signature of Signing Officer or Director

Date