


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90276 034 ***150.00

DOCUMENT # P99000085347 1. Entity Name EXECUTIVE SERVICES NETWORK, INC.					
Principal Place of Business 803 E. 7TH AVE. TALLAHASSEE, FL 32303			Mailing Address PO BOX 3024 TALLAHASSEE, FL 32315-3024		
2. Principal Place of Business 2909 Grady Road		3. Mailing Address Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL.		City & State Suite, Apt. #, etc.		4. FEI Number 59-3602285	
Zip 32303		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, SUE C 803 E. 7TH AVE. TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Sue C. Collins Street Address (P.O. Box Number is Not Acceptable) 2909 Grady Road City TALLAHASSEE FL Zip 32303	
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: Sue Carter Collins, Sue Carter Collins, President 4/20/04 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, SUE C 803 E. 7TH AVE. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WYNN, SHARON 803 E. 7TH AVE. TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bertha A. Jenkins 3207 Henderson Mill Rd., B-5 Chamblee, GA 30341	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, BERTHA A 3207 HENDERSON MILL RD. B-5 CHAMBLEE, GA 32314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TILLMAN, LANA J P O BOX 16454 PLANTATION, FL 33318	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SUE CARTER COLLINS Sue Carter Collins 4/20/04 (850) 264-1640 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					