

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000085347

1. Entity Name
EXECUTIVE SERVICES NETWORK, INC.



Principal Place of Business
**2909 GRADY RD
TALLAHASSEE, FL 32303**

Mailing Address
**PO BOX 3024
TALLAHASSEE, FL 32315-3024**



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3602285

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COLLINS, SUE C
2909 GRADY RD
TALLAHASSEE, FL 32303**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLLINS, SUE C 803 E. 7TH AVE. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JENKINS, BERTHA A 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TILLMAN, LANA J P O BOX 16454 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000300929
04/13/05-80011-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/05

(850) 264-1640