

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90301 014 ***150.00

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		
2. Principal Place of Business 2990 Nutmeg Ct.		3. Mailing Address Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL.		City & State Suite, Apt. #, etc.		4. FEI Number 59-3602285	
Zip 32308		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, SUE C 2909 GRADY RD TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name COLLINS, SUE C Street Address (P.O. Box Number is Not Acceptable) 2990 Nutmeg Ct. City TALLAHASSEE FL 32308	
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 <u><i>Sue C Collins</i></u> DATE <u>4/5/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SUE C. COLLINS 2990 Nutmeg Ct. TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENKINS, BERTHA A 3207 HENDERSON MILL RD B-5 CHAMBLEE, GA 30341	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bertha A. Jenkins 2702 Trellis Oaks Drive Marietta, GA 30060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, BERTHA A 3207 HENDERSON MILL RD. B-5 CHAMBLEE, GA 32314	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bertha A. Jenkins 2702 Trellis Oaks Drive Marietta, GA 30060	<input checked="" 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	(Empty)	<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	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 registered agent 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: <u><i>Sue C Collins</i></u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>SUE C. COLLINS</u>		
Date <u>4/5/06</u>			Daytime Phone # <u>(850) 264-1640</u>		