

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66007

Entity Name: ESCAROSA INC.

FILED
Feb 18, 2005
Secretary of State

Current Principal Place of Business:

1176 HIGHWAY 95-A NORTH
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

1176 HIGHWAY 95-A NORTH
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-3075903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNETTE, LESLIE DEWAYNE
1974 VIRECENT ROAD
CANTONMENT, FL US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ARNETTE, LESLIE D.
Address: 1974 VIRECENT ROAD
City-St-Zip: CANTONMENT, FL

Title: DVS () Delete
Name: ARNETTE, SHEILA C.
Address: 1974 VIRECENT ROAD
City-St-Zip: CANTONMENT, FL

Title: D () Delete
Name: ARNETTE, B. RHETT
Address: 1176 HIGHWAY 95-A NORTH
City-St-Zip: CANTONMENT, FL

Title: D () Delete
Name: ARNETTE, L. CHASE
Address: 1176 HIGHWAY 95-A NORTH
City-St-Zip: CANTONMENT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ARNETTE, B. RHETT
Address: 3728 CORNERBROOK DR
City-St-Zip: PACE, FL 32571

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: SHEILA C ARNETTE

DVS

02/18/2005

Electronic Signature of Signing Officer or Director

Date