## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S66007

Entity Name: ESCAROSA INC.

1095 VIRECENT RD

CANTONMENT, FL 32533

Address:

City-St-Zip:

FILED Jan 10, 2009 Secretary of State

Littly Na	ille. ESCARO	SA INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1176 HIGHWAY 95-A NORTH CANTONMENT, FL 32533				1974 VIRECENT ROAD CANTONMENT, FL 32533	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	CENT RD MENT, FL 3253	33			
FEI Number	: 59-3075903	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ARNETTE 1974 VIRE CANTONI	E, SHEILA C ECENT ROAD MENT, FL	US	ARNETTE, SHEILA C 1974 VIRECENT ROAL CANTONMENT, FL 32		
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/10/2009	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DT () ARNETTE, LES 1974 VIRECEN CANTONMENT,	T ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DPS () ARNETTE, SHE 1974 VIRECEN CANTONMENT,	T ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () ARNETTE, B. R 3728 CORNERI PACE, FL 3257	BROOK DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	DV ()	Delete HASE	Title: (	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: SHEILA C. ARNETTE PRES 01/10/2009