

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M41148

**FILED  
Jan 25, 2016  
Secretary of State  
CC8854942342**

**Entity Name:** ESGROUP FINANCIAL CORP.

**Current Principal Place of Business:**

515 SW CALIFORNIA AV  
STUART, FL 34994-2946

**Current Mailing Address:**

515 SW CALIFORNIA AV  
STUART, FL 34994-2946 US

**FEI Number:** 59-2735271

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SLATER, KATHLEEN KPRES  
515 SW CALIFORNIA AVE  
STUART, FL 34994-2946 US

*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

**Officer/Director Detail :**

Title P  
Name SLATER, KATHLEEN KPRES  
Address 31 NE LOFTING WAY  
City-State-Zip: SEWALLS POINT FL 34996

Title S  
Name SLATER, ROBERT LSEC  
Address 31 NE LOFING WAY  
City-State-Zip: SEWALLS POINT FL 34996

Title VP  
Name SLATER, ALBERT JVP  
Address 101 N. SEWALL'S POINT RD  
City-State-Zip: SEWALLS POINT FL 34996

*I hereby 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 all other like empowered.*

**SIGNATURE:** KATHLEEN K. SLATER

**PRESIDENT**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date