

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M41148

**Entity Name:** ESGROUP FINANCIAL CORP.

**Current Principal Place of Business:**

411 SE OSCEOLA ST.  
SUITE 100  
STUART, FL 34994

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**0623349488CC**

**Current Mailing Address:**

411 SE OSCEOLA ST  
SUITE 100  
STUART, FL 34994 US

**FEI Number: 59-2735271**

**Certificate of Status Desired: No**

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

SLATER, KATHLEEN KPRES  
411 SE OSCEOLA ST  
STUART, FL 34994 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 LOFTING 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**

**01/15/2020**

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

\_\_\_\_\_  
Date