

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000955

**FILED**  
**Feb 19, 2015**  
**Secretary of State**  
**CC9269070733**

**Entity Name:** ESP MANAGEMENT OF CENTRAL FLORIDA INC.

**Current Principal Place of Business:**

3361 ROUSE ROAD SUITE 165  
ORLANDO, FL 32817

**Current Mailing Address:**

3361 ROUSE ROAD SUITE 165  
ORLANDO, FL 32817 US

**FEI Number: 45-4618883**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 RUSSELL, JOHN N  
Address 3361 ROUSE ROAD SUITE 165  
City-State-Zip: ORLANDO FL 32817

Title TREASURER  
Name GREIDER, MICHAEL F  
Address 3361 ROUSE ROAD SUITE 165  
City-State-Zip: ORLANDO FL 32817

Title SECRETARY  
Name ROBERTS, TERRI  
Address 3361 ROUSE ROAD  
SUITE 165  
City-State-Zip: ORLANDO FL 32817

Title CFO  
Name GOLDWASSER, ALBERT D  
Address 3361 ROUSE ROAD  
SUITE 165  
City-State-Zip: ORLANDO FL 32817

*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: JOHN N. RUSSELL**

**PRESIDENT**

**02/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date