

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90299 003 ****61.25



DOCUMENT # F94000001862
 1. Entity Name
ASSOCIATION OF ENERGY SERVICES PROFESSIONALS, INCORPORATED

Principal Place of Business Mailing Address
 17610 128TH TRAIL NORTH 17610 128TH TRAIL NORTH
 JUPITER FL 33478 JUPITER FL 33478



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State City & State

4. FEI Number **33-0369768** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BOARDMAN, ELLIOT B
17610 128TH TRAIL NORTH
JUPITER FL 33478

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATT, MEG <input checked="" type="checkbox"/> Delete 14402 S 22ND STREET PHOENIX AZ 85048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCARTHY, PATRICK <input type="checkbox"/> Delete 2277 RESEARCH BLVD. ROCKVILLE MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BOARDMAN, ELLIOT B <input type="checkbox"/> Delete 17610 128TH TRAIL NORTH JUPITER FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KATES, BRAD <input type="checkbox"/> Delete 1030 MASSACHUSETTS AVE. CAMBRIDGE MA 02138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kates, Brad <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 Massachusetts Ave. Cambridge, MA 02138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DeCotis, Paul <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17 Columbia Circle Albany, NY 12203-6399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Elliot Boardman 3/5/05 561 254 1301
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #