


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90164 046 ***150.00

DOCUMENT # K25207 1. Entity Name FPL ENERGY SERVICES, INC.	
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Principal Place of Business 700 UNIVERSE BLVD % DENNIS P. COYLE JUNO BEACH, FL 33408 US	Mailing Address 700 UNIVERSE BLVD. ATTN: DENNIS P. COYLE JUNO BEACH, FL 33408 US
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02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0064000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, J E
9250 WEST FLAGLER ST.
MIAMI, FL 33174

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAMILTON, WILLIAM W DP 9250 WEST FLAGLER STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, MARLENE 9250 WEST FLAGLER STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRANDT, C D V 700 UNIVERSE BLVD JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANEY, JOHN R V 700 UNIVERSE BLVD JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COYLE, DENNIS P S 700 UNIVERSE BLVD JUNO BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUTLER, PAUL I T 700 UNIVERSE BLVD JUNO BCH, FL 33408

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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 607, 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:  **Dennis P. Coyle** **02/07/05** **(561) 694-4644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #