


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P37991**


1. Entity Name  
A-S ENERGY, INC.



Principal Place of Business 15 W 54 ST NEW YORK, NY 10019 US	Mailing Address 15 W 54 ST NEW YORK, NY 10019 US
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**DO NOT WRITE IN THIS SPACE**

FILED  
04 FEB 11 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2906230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD MASSENGILL, R SCOTT 1 CENTENNIAL AVE. PISCATAWAY, NJ 08855
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD MAHONEY, MARY-JANE 1 CENTENNIAL AVE. PISCATAWAY, NJ 08855
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000028781890  
02/16/04--01011--011 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

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:** *R Scott Massey* **2/4/04** **732-980-6020**

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