


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90029 041 ***150.00

DOCUMENT # 676343 1. Entity Name ENERGY SERVICES BUREAU, INC.	
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Principal Place of Business 6141 S.W. 15TH ST. C/O ALBERT FREDRIC PETERSON PLANTATION, FL 33317-4615 US	Mailing Address 6141 S.W. 15TH ST. C/O ALBERT FREDRIC PETERSON PLANTATION, FL 33317-4615 US
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01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2012115	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

PETERSON, ALBERT FREDRIC
6141 S.W. 15TH ST.
FORT LAUDERDALE, FL 33317-4615

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, 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	PD SWEAT, J PASCO SWEAT LOOP RD #13720 BALM, FL 00000, 33503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, ALBERT F. 6141 S.W. 15TH ST. PLANTATION, FL 333174615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PETERSON, ALBERT F. 6141 S.W. 15TH ST. PLANTATION, FL 333174615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Albert F. Peterson ALBERT F. PETERSON 2005 JAN 19th 954.357.6889

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