

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K78360

1. Entity Name
ESSIAC PRODUCTS SERVICES, INC.



Principal Place of Business
230 S CYPRESS BLVD.
SUITE C
POMPANO BEACH, FL 33060

Mailing Address
P.O. BOX 6013
POMPANO BEACH, FL 33060

FILED

04 APR 21 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66415713



04192004 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0121769	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAULIN, PIERRE
623 E ATLANTIC BLVD
6013
POMPANO BEACH, FL 33060

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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 \$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	DP
NAME	GAULIN, PIERRE ANDRE
STREET ADDRESS	623 E ATLANTIC BLVD # 6013
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	BLONDIN, GILBERT
STREET ADDRESS	390 RIDEAUST, BOX 20111
CITY-ST-ZIP	OTTAWA, CA
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: *[Signature]* Date: April 17 2004 Daytime Phone #: 954-254-7822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR