

# 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  
POMPAÑO BEACH, FL 33060

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

FILED  
04 APR 21 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66415713



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0121769

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAULIN, PIERRE  
623 E ATLANTIC BLVD  
# 6013  
POMPAÑO BEACH, FL 33060

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
DP  
GAULIN, PIERRE ANDRE  
623 E ATLANTIC BLVD # 6013  
POMPAÑO BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLONDIN, GILBERT  
390 RIDEAUST, BOX 20111  
OTTAWA, CA

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/17/04

854-254-7822