

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90070 032 ***150.00

DOCUMENT # P0000022042					
1. Entity Name OES HOLDINGS, INC.					
Principal Place of Business 2830 PARKWAY ST LAKE LAND, FL 33811			Mailing Address 2830 PARKWAY ST LAKE LAND, FL 33811		
2. Principal Place of Business 145 Horizon Court Suite, Apt. #, etc.		3. Mailing Address Same			
City & State Lakeland, FL		City & State		4. FEI Number 59-3628195	
Zip 33813		Country Poik		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODGERS, BRUCE M-EOQ 100 N TAMPA STREET SUITE 2700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: Morris Bencini Street Address (P.O. Box Number is Not Acceptable): 145 Horizon Court City: Lakeland FL Zip Code: 33813		
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: <u>Morris Bencini - Morris Bencini</u> DATE: <u>1/8/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VPD NAME KIHN, GARY STREET ADDRESS 2830 PKWY ST CITY-ST-ZIP LAKE LAND, FL 33811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 145 Horizon Court CITY-ST-ZIP Lakeland, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME BENCINI, MORRIS STREET ADDRESS 2830 PKWY ST CITY-ST-ZIP LAKE LAND, FL 33811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 145 Horizon Court CITY-ST-ZIP Lakeland, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Morris Bencini - Morris Bencini</u> DATE: <u>1/8/05</u> DAYTIME PHONE #: <u>863-644-8118</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01102005 Chg-P CR2E034 (10/03)