2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2004 08:00 AM Secretary of State

1. Entity Name	ENERGY SYSTEMS, INC.	4.				
	ANDER STREET P	O BOX 848 LANT CITY, FL 33564		ן נות לו לוחשוקלם לוושם לוחשלו והשקל והשקל לוושה וונשה אוושה לוושה לוושה לואה לואה לוואה האואה או באוושה באו ב	T ì	
DO NOT WRITE IN THIS SPACE. 6. Name and Address of Current Registered Agent.			CE	01282004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-3721327 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required		
506 N. ALE PLANT CIT	AY, DAVID H EXANDER STREET TY, FL 33566			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 reinstaling) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be added to Fees		
TUTLE NAME STREET ADDRESS CITY-ST-ZIP	D DFFICERS AND DIRE GALLOWAY, DAVID H PO BOX 848 PLANT CITY, FL 335640848	CTORS		U00000057613 02/19/04-80068-015 150.0	00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					====	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>		IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY+ST-ZIP						
12. I hereby indicated of the co	certify that the information supplied with this if on this report or supplemental report is true reportation or the receiver or trustee empowers	filing does not qualify for the exe and accurate and that my signa at to execute this report as requ	emption stated in Sature shall have the ired by Chapter 60	n Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under cath; that I am an officer or dire 607, Florida Statutes; and that my name appears in Block 10 or Block	tion sctor : 11 if	