

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90008 010 ***550.00

DOCUMENT # P03000023531	
1. Entity Name U.S. ENERGY SCIENCES, INC.	



Principal Place of Business 314 HWY 17 NORTH PALATKA, FL 32177 US	Mailing Address 314 HWY 17 NORTH PALATKA, FL 32177 US
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24080591



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 406A DIXON ST.		Suite, Apt. #, etc. 406A DIXON ST	
City & State Vidalia, GA		City & State Vidalia, GA	
Zip 30474	Country USA	Zip 30474	Country USA

07022004 Chg-P CR2E034 (10/03)

4. FEI Number 432000696	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HICKS, CYNTHIA B CYNTHIA B 5400 NW 39TH AVE 7017 NE Hwy 301 Q156 GAINESVILLE, FL 32606 Hawthorne, FL 32640	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	Cynthia Hicks	Cynthia Hicks	Cynthia Hicks
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		DATE 8/13/04	

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P LOOSBERG, SUSAN 101 SUNSET POINT PALATKA, FL 32177	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
S HICKS, CYNTHIA B 5400 NW 39TH AVE, APT Q156 GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
T LOOSBERG, ANDRES 101 SUNSET POINT PALATKA, FL 32177	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
7017 NE Hwy 301 HAWTHORNE, FL 32640	
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"/> Change <input type="checkbox"/> Addition
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: Cynthia Hicks	Cynthia Hicks	8/13/04	912-537-1825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #