

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90048 008 \*\*\*150.00

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<b>DOCUMENT # P03000117286</b> 1. Entity Name <b>UNITED ENERGY SERVICES, INC.</b>					
Principal Place of Business <b>202 S 22ND ST SUITE 108 TAMPA, FL 33605</b>			Mailing Address <b>11705 BOYETTE ROAD SUITE 219 RIVERVIEW, FL 33569</b>		
2. Principal Place of Business		3. Mailing Address <b>202 S 22nd St</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 108</b>			
City & State		City & State <b>Tampa, FL</b>			
Zip	Country	Zip <b>33605</b>	Country	4. FEI Number <b>90-0124367</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BISHOP, JUSTIN 832 NORMANDY TRACE DR. TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name <b>Bishop, Justin</b> Street Address (P.O. Box Number is Not Acceptable) <b>202 S 22nd St, Suite 108</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33605</b>		
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><i>Justin Bishop</i></u> VP DATE <u>3/14/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete <b>SANCHEZ, RENE 15432 MARTIN MEADOW DR LITHIA, FL 33547</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP Bishop, Justin 2412 SW Riviera Road Stuart, FL 34997</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>BISHOP, JUSTIN 832 NORMANDY TRACE DR. TAMPA, FL 33602</b>		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	
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><i>Justin Bishop</i></u> VP			Date <u>3/16/05</u> Daytime Phone # <u>772-286-7956</u>		