


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91031 046 \*\*\*150.00

**DOCUMENT # P93000065674**

1. Entity Name  
**ENERGY SERVICES, INC.**



Principal Place of Business      Mailing Address

**7820 N 56TH ST  
 SUITE B  
 TAMPA FL 33617**      **7820 N 56TH ST  
 SUITE B  
 TAMPA FL 33617**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3205077**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**SAFARIK, CHARLES R  
 7820 N 56TH ST  
 TAMPA FL 33617**

**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 Charles R. Safarik      DATE 2-19-04

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SAFARIK, CHARLES R 7820 N 56TH ST TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPE PRETA, ANNA-MARIA 13140 SANCTUARY COVE DR, #1231 TEMPLE TERRACE FL 33637	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SAFARIK, JAMES R 9061 SUNCREST BLVD. SEMINOLE FL 34647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOWER, JIM 5201 W KENNEDY BLVD. # 530 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD JONKHOUT, THOMAS 7204 21ST STREET TAMPA FL 33610	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kimberly D. Carlo 1307 Gulf Stream Cir. #103 Brandon, FL 33511	<input checked="" type="checkbox"/> Change <input checked="" 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
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: Kimberly D. Carlo      DATE 2-19-04      DAYTIME PHONE # (813) 971-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #