

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

06-01-2005 90014 031 \*\*\*150.00

<b>DOCUMENT # P97000035675</b> 1. Entity Name <b>GLOBAL ENERGY SERVICES CORP.</b>					
Principal Place of Business <b>4826 S. US HWY. 1 FORT PIERCE, FL 34982</b>			Mailing Address <b>4826 S. US HWY. 1 FORT PIERCE, FL 34982</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0752501</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>GARRISON, VIKKI D C/O GLOBAL ENERGY SERVICES, INC. 4826 SOUTH US #1 FORT PIERCE, FL 34982</b>				7. Name and Address of New Registered Agent Name <b>Harvey F. Wildschuetz</b> Street Address (P.O. Box Number is Not Acceptable) <b>4826 South US Highway #1</b> City <b>Fort Pierce</b> <b>FL</b> Zip Code <b>34982</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 <b>Harvey F. Wildschuetz</b> <b>Vice President</b> <b>5/25/05</b> <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 \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARRISON, VICTOR E 1201 KINGSWOOD LN. FORT PIERCE, FL 34982	<input checked="" 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	DS GARRISON, VIKKI D 1201 KINGSWOOD LN. FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VIKKI GARRISON 6106 SUNSET BLVD FORT PIERCE FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILDSCHUETZ, HARVEY 1739 KELSO AV WEST PALM BCH, FL 33460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HARVEY WILDSCHUETZ 1739 KELSO AVE LAKE WORTH FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANDREM, JIM T 1465 SE OCEAN LANE PORT SAINT LUCIE, FL 34983	<input checked="" 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	<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"/> Delete	<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: <b>Vikki Garrison</b> <b>VIKKI GARRISON PRES</b> <b>5/6/05</b> <b>772-466-5494</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					