

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED

04 APR 21 PM 12:38


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66415712



04192004 No Chg-P CR2ED34 (10/03)

**DOCUMENT # P98000002955**  
 1. Entity Name  
**ESSIAC INTERNATIONAL, INC.**



Principal Place of Business  
 230 S CYPRESS RD  
 C  
 POMPANO BEACH, FL 33060

Mailing Address  
 P O BOX 6013  
 POMPANO BEACH, FL 33060

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0803993**

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**GAULIN, PIERRE**  
 623 E ATLANTIC BLVD #6013  
 POMPANO BEACH, FL 33060

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GAULIN, PIERRE
STREET ADDRESS	623 E ATLANTIC BLVD #6013
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600033799916  
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**DO NOT WRITE IN THIS SPACE**

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:**  **April 12/04** 954-254-7999  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #