
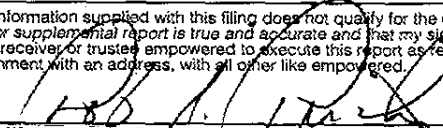


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # S47746 1. Entity Name CES INTERNATIONAL, INC.			
Principal Place of Business 5905 JOHNS RD TAMPA, FL 33634 US		Mailing Address 5905 JOHN ROAD TAMPA, FL 33634 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent BRUNETTE, THOMAS D 906 SYMPHONY BEACH LN APOLLO BEACH, FL 33572		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUNETTE, THOMAS D 906 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REID, DAVID W. 5905 JOHNS RD TAMPA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO TRICKEY, TOB S 5905 JOHNS ROAD TAMPA, FL 33634		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  CFD		Date: 1/5/04 817-249-3399	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3075195	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

100000000785
01/09/04-80012-007 158.75

**DO NOT WRITE
IN THIS SPACE**