2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90076 032 ***150.00

DOCUMENT # K81207

1. Entity Name
EFFICIENCY ENGINEERING AND TESTING COMPANY

Principal Place of Business	Mailing Address
18156 BREDETTE AVE. PORT CHARLOTTE, FL 33954	1371 BOUNDS ST PORT CHARLOTTE, FL 33952

03152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		18156 BREDETTE AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: PORT CHARLOTTE FL	
Zip	Country	Zip: 33954	Country: USA

4. FEI Number: 65-0116839 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRUMM, PAMELA SUE
18156 BREDETTE AVE.
PORT CHARLOTTE, FL 33954

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 ____________________
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

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	DRUMM, DON ALEXANDER	
STREET ADDRESS	18156 BREDETTE AVE.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE	DS	☐ Delete
NAME	DRUMM, PAMELA SUE	
STREET ADDRESS	18156 BREDETTEAVE.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(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: [signature] PRESIDENT DON A. DRUMM 4-1-04 941-625-8178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #