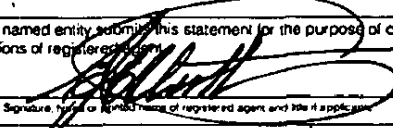


FILED
May 30, 2007 8:00 am
Secretary of State

04-27-2007 90230 015 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

4/7

DOCUMENT # P06000025727			
1. Entity Name GENCOR ENERGY CORP.			
Principal Place of Business 5201 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32810		Mailing Address 5201 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32810	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-0223953		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		01162007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ELLIOTT, JOHN E. 5201 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name ELLIOTT, E. J. Street 5201 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810 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  (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN & DIRECTOR ELLIOTT, E. J. 5201 N ORANGE BLOS. TR. ORLANDO, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT & DIRECTOR ELLIOTT, MARC G 5201 N ORANGE BLOS. TR. ORLANDO, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER RUNKEL, SCOTT W 5201 N ORANGE BLOS. TR. ORLANDO, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY LYONS, J. M. 5201 N ORANGE BLOS. TR. ORLANDO, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lines empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			