

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429079

FILED
Feb 08, 2007
Secretary of State

Entity Name: A & K ENERGY CONSERVATION, INC.

Current Principal Place of Business:

15552 HWY 301
P.O. BOX 1135
DADE CITY, FL 33523 US

New Principal Place of Business:

15552 HWY 301
DADE CITY, FL 33523 US

Current Mailing Address:

P.O. BOX 1135
P.O. BOX 1135
DADE CITY, FL 33526 US

New Mailing Address:

P.O. BOX 1135
DADE CITY, FL 33526 US

FEI Number: 59-1581085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRADER, JEROME G
15552 U.S. 301
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

KNOWLES, LYN M
15552 U.S. 301
DADE CITY, FL 33523 US

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.

SIGNATURE: LYN M. KNOWLES

02/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNOWLES, LYN M,
Address: 5154 SHOREWOOD DR.
City-St-Zip: RIDGE MANOR, FL 33523

Title: CEO () Delete
Name: SCHRADER, JEROME G
Address: 15552 U.S. 301
City-St-Zip: DADE CITY, FL 33523

Title: P () Delete
Name: WATSON, BERT
Address: 15552 U.S. 301
City-St-Zip: DADE CITY, FL 33523

Title: ST () Delete
Name: HOGARD, CONNIE F
Address: 15552 U.S. 301
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LYN M. KNOWLES,
Address: 15552 U.S. 301
City-St-Zip: DADE CITY, FL 33523

Title: VP (X) Change () Addition
Name: CAGLE, PATRICIA K
Address: 15552 U.S. 301
City-St-Zip: DADE CITY, FL 33523

Title: VP (X) Change () Addition
Name: PARSONS, THOMAS R
Address: 15552 U.S. 301
City-St-Zip: DADE CITY, FL 33523

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE F. HOGARD

ST

02/08/2007

Electronic Signature of Signing Officer or Director

Date