2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 553397

1. Entity Name

EFFICIENCY CONTRACTING SERVICES, INC.



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5452 44TH AVENUE NORTH ST. PETERSBURG, FL 33709 5452 44TH AVENUE NORTH ST. PETERSBURG, FL 33709



04102007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1789937 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER,ROSS E. 5452 44TH AVENUE NORTH ST. PETERSBURG, FL 33709

SIGNATURE:

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 gragistered agent.					
SIGNATURE_	1900 ECOHES	Noss L.	100/	PERJE	KSd. 4-10-2007
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when palificability) DATE					
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financin				\$5.00 May Be	
After May 1, 2007 Fee will be \$550.00		Trust Fund Contribution	w D	Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PSD		~.		,
NAME	COOPER,ROSS EUGENE				
STREET ADDRESS	5452 44TH AVE.NORTH				
CITY-ST-ZIP	ST.PETERSBURG, FL				Urmanazamana
TITLE	TV				U00000705099
NAME	COOPER,DARLENE				04/23/07-80038-802 150.00
STREET ADDRESS	5452 44TH AVE. NORTH				
CITY-ST-ZIP	ST.PETERSBURG, FL				
TITLE					
NAME					
STREET ADDRESS				DΩ	NOT WRITE
CITY-ST-ZIP				DO	NOI WINIL
TITLE				IN '	THIS SPACE
NAME				114	IIIIO OI AOL
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME		•			
STREET ADDRESS	. * 1				
CITY-ST-ZIP			4		
TIFLE .	<u>.</u>		1		-
NAME				•	
STREET ADDRESS					
CITY-ST-ZIP		 			
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 like empowered.					