

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90262 014 ***150.00

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1. Entity Name

ENERGY DIAGNOSTIC SERVICES, INC.



Principal Place of Business

2541 NE 11TH STREET
116
POMPAÑO BEACH FL 33062

Mailing Address

2541 NE 11TH STREET
116
POMPAÑO BEACH FL 33062

2. Principal Place of Business

11660 TIMBERS WAY

Suite, Apt. #, etc.

3. Mailing Address

11660 TIMBERS WAY

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

36-2401673

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINKULE, JOEL M
2541 NE 11TH STREET
116
POMPAÑO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11660 TIMBERS WAY

City

Boca Raton

FL

Zip Code

33428

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

Joel M. Sinkule, CEO

4/11/05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	SINKULE, JOEL M	
STREET ADDRESS	2541 NE 11TH STREET	
CITY-ST-ZIP	POMPAÑO BEACH FL 33062	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	SINKULE, SEAN M.	
STREET ADDRESS	828 RALPH MCGILL BLVD #213	
CITY-ST-ZIP	ATLANTA GA 30306	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINKULE, JOSEPH B	
STREET ADDRESS	1787 MCLENDON AVE NE	
CITY-ST-ZIP	ATLANTA GA 30307	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11660 TIMBERS WAY	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	328 MELL Avenue, Bldg E.	
CITY-ST-ZIP	ATLANTA, GA 30307	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joel M. Sinkule

4/11/05

954-258-7034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #