

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001309

FILED  
Jan 27, 2004  
Secretary of State

**Entity Name:** CORPORATE ENERGY CONSULTANTS, LTD., INC.

**Current Principal Place of Business:**

10333 W. 84TH TERRACE  
LENEXA, KS 66214

**New Principal Place of Business:**

**Current Mailing Address:**

10333 W. 84TH TERRACE  
LENEXA, KS 66214

**New Mailing Address:**

**FEI Number:** 48-0933685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOWRY, SNOWDEN S  
217 NASSAU STREET SOUTH  
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAZEN, C D  
Address: 1950 FRONTIER LN  
City-St-Zip: OLATHE, KS 66062

Title: VP ( ) Delete  
Name: KIRKWOOD, SCOTT  
Address: 8005 LAKEVIEW  
City-St-Zip: LENEXA, KS 66219

Title: S ( ) Delete  
Name: LOYD, ROBERT  
Address: 4707 COLLEGE BLVD  
City-St-Zip: LEAWOOD, KS 66211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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 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:** C D HAZEN

PRES

01/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date