

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2004 08:00 AM
Secretary of State**

DOCUMENT # G19788

1. Entity Name
ENERGY EFFICIENCY SYSTEMS, INC.



Principal Place of Business
**1786 TRADE CENTER WAY
#2
NAPLES, FL 34109 US**

Mailing Address
**1786 TRADE CENTER WAY
#2
NAPLES, FL 34109 US**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2435060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MELONEY, R. DAVID
172 1ST STREET
BONITA SPRINGS, FL 34134**

**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 of registered agent.

SIGNATURE

R. David Meloney
R. DAVID MELONEY, President

2-26-04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MELONEY, R. DAVID
1786 TRADE CENTER WAY #2
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
MOBLEY, ROBERT A
1786 TRADE CENTER WAY #2
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
BLUM, SIDNEY E
1786 TRADE CENTER WAY #2
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000072099
03/01/04-80097-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

R. David Meloney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-04
Date

Daytime Phone #