## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H61585

FILED Feb 11, 2009 Secretary of State

Entity Name: ENERGY CONSULTING SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

656 BUCK HENDRY WAY STUART, FL 34994

Current Mailing Address: New Mailing Address:

656 BUCK HENDRY WAY STUART, FL 34994

FEI Number: 59-2550790 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SATUR, DAVID SATUR, DAVID 867 NE KUBIN AVE 867 NE KUBIN AVE

JENSEN BEACH, FL 34957 US JENSEN BEACH, FL 34957 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: DAVID SATUR 02/11/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

Name: SATUR, DAVID, Address: 867 KUBIN AVE SATUR, DAVID Address: 867 KUBIN AVE

City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957

Title: ST ( ) Delete Title: ST (X) Change ( ) Addition

 Name:
 SATUR, KAREN P
 Name:
 SATUR, KAREN P

 Address:
 867 KUBIN AVE
 Address:
 867 KUBIN AVE

City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BROWN, JENNIFER L
 Name:

 Address:
 2462 SE MARSILLE
 Address:

 City-St-Zip:
 PORT SAINT LUCIE, FL 34952
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID SATUR DP 02/11/2009