

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90015 031 \*\*\*150.00

<b>DOCUMENT # H85762</b> 1. Entity Name <b>ENERGY SAVINGS SYSTEMS OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>2573 CHANUTE TRAIL MAITLAND, FL 32751</b> <i>7200 GARDNER ST. Winter Park, FL 32792</i>			Mailing Address <b>2573 CHANUTE TRAIL MAITLAND, FL 32751</b> <i>7200 GARDNER ST. Winter Park, FL 32792</i>		
2. Principal Place of Business <i>7200 GARDNER ST.</i> Suite, Apt. #, etc.		3. Mailing Address <i>7200 GARDNER ST.</i> Suite, Apt. #, etc.			
City & State <i>Winter Park FL</i>		City & State <i>Winter Park, FL</i>		4. FEI Number <b>59-2617802</b>	
Zip <i>32792</i>		Country <i>ORANGE</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALDRICH, DALE T., SR.</b> <b>2573 CHANUTE TRAIL</b> <b>MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALDRICH, DALE T., SR. 2573 CHANUTE TRAIL MAITLAND, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALDRICH, NANCY 2573 CHANUTE TRAIL MAITLAND, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b> <i>Dancy L. Aldrich</i> <i>5/4</i> <i>Nancy J. Aldrich</i> <i>1-25-05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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