

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # L48455

1. Entity Name  
ECONOMIZER, INC.



Principal Place of Business  
2040 HWY 470  
LAKE PANASOFFKEE, FL 33538 US

Mailing Address  
2040 HWY 470  
LAKE PANASOFFKEE, FL 33538 US

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2996799

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HEISTAND, DOUGLAS R.  
12617 THONOTOSASSA ROAD  
THONOTOSASSA, FL 33592

**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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HEISTAND, DOUGLAS R.
STREET ADDRESS	12617 THONOTOSASSA ROAD
CITY-ST-ZIP	THONOTOSASSA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000484222  
04/12/06-80023-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 813 986-34  
Date Daytime Phone if