2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N99000001126

Entity Name: NATIONAL ENERGY RATING FOUNDATION, INCORPORATED

Current Principal Place of Business:

101 COVE LAKE DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

101 COVE LAKE DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3559734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KETTLES, COLLEEN
101 COVE LAKE DRIVE
LONGWOOD, FL 32779

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	STROER, DENNIS	
Address:	230 DARTMOUTH ROAD	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	FAIREY, PHILLIP	
Address:	1679 CLEARLAKE ROAD	
City-St-Zip:	COCOA, FL 32922	
Title:	D	( ) Delete
Name:	MOYER, NEIL	
Address:	1679 CLEARLAKE ROAD	
City-St-Zip:	COCOA, FL 32922	
Title:	D	( ) Delete
Name:	GLENN, PATTI	
Address:	3923 SW 180TH ST	
City-St-Zip:	NEWBERRY, FL 32669	
Title:	DV	( ) Delete
Name:	JONES, PIERCE	
Address:	2601 SW 23 TERRACE BLDG 242	
City-St-Zip:	GAINESVILLE, FL 32611	
Title:	S/D	( ) Delete
Name:	KETTLES, COLLEEN	
Address:	101 COVE LAKE DRIVE	
City-St-Zip:	LONGWOOD, FL 32779	

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:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN KETTLES S/D 04/23/2004

Electronic Signature of Signing Officer or Director — Date