

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

04-18-2007 90169 010 ***150.00

DOCUMENT # P06000043721 1. Entity Name ENERGY SAVING SOLUTIONS, INC.					
Principal Place of Business 17879 SOUTHEAST 95TH STREET ROAD OCKLAWAHA FL 32179			Mailing Address 17879 SOUTHEAST 95TH STREET ROAD OCKLAWAHA FL 32179		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0593648	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FULLER, JEFFERY M 400 NORTH ASHLEY DRIVE SUITE 1500 TAMPA FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. ☐	
SIGNATURE _____ Signature, typed or printed name of registered agent and fee applicant (NOTE: Registered Agent signature not used when foreign agent)				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEL, HERBERT L 17879 SOUTHEAST 95TH STREET ROAD OCKLAWAHA FL 32179	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEL, DARLENE 17879 SOUTHEAST 95TH STREET ROAD OCKLAWAHA FL 32179	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, ROBERT 733 CORBIN TERRACE KANSAS CITY MO 64111	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Herbert L. Freel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Herbert L. Freel				Date: <u>3-22-07</u> Daytime Phone: <u>352-288-7115</u>	