

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043721

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: ENERGY SAVING SOLUTIONS, INC.

**Current Principal Place of Business:**

17879 SOUTHEAST 95TH STREET ROAD  
OCKLAWAHA, FL 32179

**New Principal Place of Business:**

**Current Mailing Address:**

17879 SOUTHEAST 95TH STREET ROAD  
OCKLAWAHA, FL 32179

**New Mailing Address:**

FEI Number: 03-0593648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FULLER, JEFFERY M  
400 NORTH ASHLEY DRIVE  
SUITE 1500  
TAMPA, FL 33602 US

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FREEL, HERBERT L  
Address: 17879 SOUTHEAST 95TH STREET ROAD  
City-St-Zip: OCKLAWAHA, FL 32179

Title: D ( ) Delete  
Name: FREEL, DARLENE  
Address: 17879 SOUTHEAST 95TH STREET ROAD  
City-St-Zip: OCKLAWAHA, FL 32179

Title: D ( ) Delete  
Name: PERRY, ROBERT  
Address: 733 CORBIN TERRACE  
City-St-Zip: KANSAS CITY, MO 64111

**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:

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: DARLENE FREEL

D

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date