

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90018 039 ***158.75

44048060



| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # S93917 1. Entity Name EFFICIENT CONTROL OF ENERGY, INC. | | | | | |
| Principal Place of Business 67 WOLCOTT DR N FT MYERS, FL 33903 US | | | Mailing Address 67 WOLCOTT DR N FT MYERS, FL 33903 US | | |
| 2. Principal Place of Business 15981 HUFFMASTER RD Suite, Apt. #, etc. | | 3. Mailing Address P.O. BOX 3427 Suite, Apt. #, etc. | | | |
| City & State N. FT. MYERS, FL | | City & State N. FT. MYERS, FL | | 4. FEI Number 65-0312398 | |
| Zip 339107 | | Country LEE | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GOODCHILD, WINTON, J 67 WOLCOTT DR N FT MYERS, FL 33903 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15981 HUFFMASTER RD. City N. FT. MYERS FL Zip Code 33917 | | |
| 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)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOODCHILD, WINTON J. 67 WOLCOTT DR N FT MYERS, FL 33903 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 15981 HUFFMASTER RD. N. FT. MYERS, FL 33917 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD GOODCHILD, SANDRA KAY 67 WOLCOTT DR N FT MYERS, FL 33903 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 15981 HUFFMASTER RD. N. FT. MYERS, FL 33917 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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. | | | | | |
| SIGNATURE: <u>Winton J. Goodchild</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>7/7/2004</u> Daytime Phone # <u>239-997-7756</u> | | |