## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V66952**

1. Corporation Name

**ENERGY CONSERVATION TECHNOLOGIES, INC.** 

	•				
Principal Place	of Business	Mailing Address		f ittit bilden grife grife ierei errie stein ann an	Til Biğit âfêts biêti árazı teat
2042 SE GIFFEN AVE 2042 S.E. GRIFFEN AVE. STE #6 PORT ST. LUCIE FL 34952-5824 US US			44	DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed	SPACE
				09/24/1992	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 204	V - V	26		65-0361092	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State  City & State  23 PORT ST. LUC/E, F C  28				6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3 4952.	-5824 25 ST. L UCIE	Zip 29 30	Country	This corporation owes the current year Interpretation     Personal Property Tax.	angible ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	,	10. Name and Address of New Registered	Agent
0101	ED DAIR D		81 Name	CAPTAIN PAUL D. SIGI	ER
SIGLER, PAUL D 2042 SE GIFFEN AVE			82 Sweet	Address (P.O. Box Number is Not Acceptable)	WE.
SUITE 409			83		
PT S	T LUCIE FL 34952		84 Çiy	T OT INICE FI	85 Zip Code 34952
			POR	T ST. LUCIE FL	S4952
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title spplicable. (NOTE: Re	gistered Agent signature r	equired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TILE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIGLER, PAUL D.		1.2 NAME		
STREET ADDRESS	2042 SE GIFFEN AVE		1.3 STREET ADDRESS		1
CITY-ST-ZIP	PT ST LUCIE FL 34952		1.4 CITY-ST-ZIP		Change Addition
TITLE	S	DELETE	2.1 TITLE	5 SIGIER	ChangeAddition
NAME	PAUL D. SIGLER		2.2 NAME	PAUL D. SIGUER 2042 S.E. GIFFEN AVE	
STREET ADDRESS	9550 S. OCEAN DR. #409			PORT SANTLUCIE, FL 34952	-5824
-CITY-ST-ZIP	JENSEN BEACH FL	DELETE	2,4 CITY-ST-ZIP 3.1 TITLE	TORY SHIPP LUCIO, FC OF 150	Change Addition
TITLE	TARONE ORACIDE M	Decere	3.1 TITLE	DAUL D SIKIER	Survivo Division
NAME	TABONE, GRACVIE M		3.3 STREET ADDRESS	PAUL D. SIGLER 2042 S.E. GIFFEN AUE	
STREET ADDRESS	2042 SE GIFFEN AVE			PORT SAINT LUCIE, FL 349.	52-5824
CITY-ST-ZIP	PT ST LUCIE FL 34952	□ DELETE	3.4. CITY-ST-ZIP	FUEL SHINI LUCIO I PO - 110	☐ Change ☐ Addition
TITLE			4.2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		- · -
			5.3 STREET ADDRESS		
STREET ADDRESS			EACITY OF ZID		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90042 024 \*\*\*150.00

Change

☐ Addition