

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

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

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

DOCUMENT # V66952

1. Corporation Name

ENERGY CONSERVATION TECHNOLOGIES, INC.

Principal Place of Business

2042 SE GIFFEN AVE  
STE #6  
PT ST LUCIE FL 34952-5824  
US

Mailing Address

2042 S.E. GRIFFEN AVE.  
PORT ST. LUCIE FL 34952-5824  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1992

4. FEI Number

65-0361092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

SIGLER, PAUL D  
2042 SE GIFFEN AVE  
SUITE 409  
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: CAPTAIN PAUL D. SIGLER  
82 Street Address (P.O. Box Number is Not Acceptable)  
2042 S.E. GIFFEN AVE.  
83  
84 City: PORT ST. LUCIE FL 85 Zip Code: 34952

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Paul D. Sigler*

3/23/99

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	SIGLER, PAUL D.	2042 SE GIFFEN AVE	PT ST LUCIE FL 34952	<input type="checkbox"/>
S	PAUL D. SIGLER	9550 S. OCEAN DR. #409	JENSEN BEACH FL	<input type="checkbox"/>
T	TABONE, GRACIE M	2042 SE GIFFEN AVE	PT ST LUCIE FL 34952	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	PAUL D. SIGLER	2042 S.E. GIFFEN AVE	PORT SAINT LUCIE, FL 34952-5824	<input checked="" type="checkbox"/>
T	PAUL D. SIGLER	2042 S.E. GIFFEN AVE	PORT SAINT LUCIE, FL 34952-5824	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 attachment with an address, with all other like empowered.

SIGNATURE:

*Paul D. Sigler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

Date

(561) 335-2799

Daytime Phone #

CR2E034 (1/98)