


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90030 022 \*\*\*150.00

DOCUMENT # P03000079794  
 1. Entity Name  
 INDUSTRIAL DIESEL, INC



Principal Place of Business      Mailing Address  
 425 SW KAABE AVENUE      425 SW KAABE AVE  
 PORT ST LUCIE, FL 34953      PORT ST LUCIE, FL 34953  
 2211 SW 31 Street  
 Ft. Laud. Fl. 33311

40035505



02192007      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 87-0702931      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CAMPBELL, THEOPHILUS A  
 425 SW KAABE AVENUE  
 PORT ST LUCIE, FL 34953

**DO NOT WRITE IN THIS SPACE**

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 *[Signature]*      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CAMPBELL, THEOPHILUS A
STREET ADDRESS	425 SW KAABE AVENUE
CITY-ST-ZIP	PORT ST LUCIE, FL 34953
TITLE	D
NAME	CAMBELL, JANET O
STREET ADDRESS	425 SW KAABE AVENUE
CITY-ST-ZIP	PORT ST LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR