

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069957

**FILED**  
**Apr 08, 2008**  
**Secretary of State**

**Entity Name:** INDUSTRIAL EQUIPMENT SERVICE & REPAIR, INC.

**Current Principal Place of Business:**

6690-1 COLUMBIA PARK DRIVE  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

6690-1 COLUMBIA PARK DRIVE  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 20-4908778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAMRICK, MORGAN  
6690-1 COLUMBIA PARK DRIVE  
JACKSONVILLE, FL 32258 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: DP ( ) Delete  
Name: HAMRICK, MORGAN  
Address: 6690-1 COLUMBIA PARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: DVPS ( ) Delete  
Name: KINSER, EDWARD  
Address: 6690-1 COLUMBIA PARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: T ( ) Delete  
Name: KINSER, EDWARD  
Address: 6690-1 COLUMBIA PARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

**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: EDWARD KINSER

VP

04/08/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date