

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091847

Entity Name: MY INDUSTRIAL SERVICES, INC.**Current Principal Place of Business:**10311 WOODBERRY ROAD
SUITE 305
TAMPA, FL 33619**Current Mailing Address:**10311 WOODBERRY ROAD
SUITE 303
TAMPA, FL 33619 US**FEI Number: 26-3543310****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ANDREWS, LARRY K
8568 FALLING SPRINGS DRIVE
JACKSONVILLE, FL 32244 US*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**Officer/Director Detail :**

Title	P
Name	ANDREWS, LARRY K
Address	8568 FALLING SPRINGS DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

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Name	ANDREWS, LARRY K
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City-State-Zip:	JACKSONVILLE FL 32244

Title	P
Name	ANDREWS, LARRY K
Address	8568 FALLING SPRINGS DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

Title	S
Name	ANDREWS, LARRY K
Address	8568 FALLING SPRINGS DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

Title	T
Name	ANDREWS, LARRY K
Address	8568 FALLING SPRINGS DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

Title	VP
Name	MALONEY, TRACEY S
Address	10311 WOODBERRY ROAD SUITE 303
City-State-Zip:	TAMPA FL 33619

I hereby 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 all other like empowered.

SIGNATURE: TRACEY S MALONEY**VP****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date