


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 350443	
1. Entity Name INDUSTRIAL SPRING CORP.	

Principal Place of Business 217 S W 33RD CT FT LAUDERDALE, FL 33315-3305	Mailing Address 217 S W 33RD CT FT LAUDERDALE, FL 33315-3305
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01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1269269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIDERT, ALBERT W. 3129 PEACHTREE CR FORT LAUDERDALE, FL 33328
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

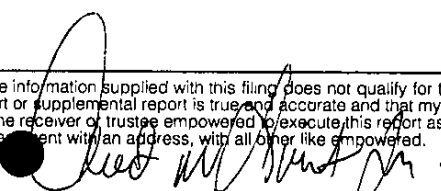
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPD LIDERT, ALBERT W JR. 3129 PEACHTREE CT FORT LAUDERDALE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD LIDERT, PHYLLIS 3132 PEACHTREE CT. FORT LAUDERDALE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D LIDERT, MICHAEL T 1001 SW 1100 TERR FORT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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01/19/07-80050-011 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/07 954-524-2558
Date Daytime Phone #