

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 510728

1. Entity Name
**THE INDUSTRIAL MARKING EQUIPMENT COMPANY,
INC.**



Principal Place of Business
**4152 LAZY HAMMOCK RD
PALM BEACH GARDENS, FL 33410 US**

Mailing Address
**4152 LAZY HAMMOCK RD
PALM BEACH GARDENS, FL 33410 US**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-1606998

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAMWICK, GARY
4152 LAZY HAMMOCK ROAD
PALM BEACH GARDENS, FL 33410-6114**

**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, 2006 Fee will be \$550.00**

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

000000421963
02/16/06-80050-017 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SAMWICK, GARY
4152 LAZY HAMMOCK ROAD
PALM BEACH GARDENS, FL 334106114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SAMWICK, MARILYN
4152 LAZY HAMMOCK ROAD
PALM BEACH GARDENS, FL 334106114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-06

Date

561-626-8520

Daytime Phone #