

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 533548

FILED  
Jan 05, 2006  
Secretary of State

**Entity Name:** INDUSTRIAL MATERIALS CORPORATION

**Current Principal Place of Business:**

4505 COQUINA CROSSING DR.  
ELKTON, FL 32033 US

**New Principal Place of Business:**

**Current Mailing Address:**

4505 COQUINA CROSSING DR.  
ELKTON, FL 32033 US

**New Mailing Address:**

FEI Number: 59-1741915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TOOL, H RAYMOND  
4505 COQUINA CROSSING DR.  
ELKTON, FL 32033 US

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

TOOL, H RAYMOND PSTD  
4505 COQUINA CROSSING DR.  
ELKTON, FL 32033 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: H. RAYMOND TOOL

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: TOOL, H. RAYMOND,  
Address: 4505 COQUINA CROSSING DR.  
City-St-Zip: ELKTON, FL 32033

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: TOOL, H. RAYMOND PTSD  
Address: 4505 COQUINA CROSSING DR.  
City-St-Zip: ELKTON, FL 32033

Title: V ( ) Change (X) Addition  
Name: TOOL, NANCY H V  
Address: 4505 COQUINA CROSSING DRIVE  
City-St-Zip: ELKTON, FL 32033 US

I hereby certify that the information supplied with this filing does not qualify for the 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: H. RAYMOND TOOL

PSTD

01/05/2006

Electronic Signature of Signing Officer or Director

Date