


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 533548**  
 1. Entity Name  
**INDUSTRIAL MATERIALS CORPORATION**



Principal Place of Business      Mailing Address  
**4505 COQUINA CROSSING DR.**      **4505 COQUINA CROSSING DR.**  
**ELKTON, FL 32033 US**              **ELKTON, FL 32033 US**

**DO NOT WRITE IN THIS SPACE**



01062008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1741915</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**TOOL, H RAYMOND PSTD**  
**4505 COQUINA CROSSING DR.**  
**ELKTON, FL 32033**

**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: *H. Raymond Tool*      (NOTE: Registered Agent signature required when registering)      Jan 7, 2008  
Signature, typed or printed name of registered agent and title if applicable      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TOOL, H. RAYMOND PTSD 4505 COQUINA CROSSING DR. ELKTON, FL 32033
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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: *H. Raymond Tool*      H. Raymond Tool      1/7/08      904 819 9650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #