


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90071 023 ***158.75

DOCUMENT # 685861
 1. Entity Name
WILBEY INDUSTRIAL SERVICE CORPORATION



Principal Place of Business Mailing Address
 % ANTHONY BORRELL, JR
 3511 N NEBRASKA AVE
 TAMPA, FL 33603 US

50031028



2. Principal Place of Business 3. Mailing Address
 3536 N. Nebraska Ave 3536 N. Nebraska Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03162005 Chg-P CR2E034 (10/03)

City & State City & State
 Tampa, FL Tampa, FL
 Zip Country Zip Country
 33603 USA 33603 USA

4. FEI Number Applied For
 59-2036930 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BORRELL, ANTHONY, JR
 3601 N NEBRASKA AVE
 TAMPA, FL 33603

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 3536 N. NEBRASKA AVE.
 City Tampa FL Zip Code 33603

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | ASPD | <input type="checkbox"/> Delete |
| NAME | BORRELL, ANTHONY JR | |
| STREET ADDRESS | 3601 N NEBRASKA AVE | |
| CITY-ST-ZIP | TAMPA, FL 33603 | |
| TITLE | VAS | <input type="checkbox"/> Delete |
| NAME | BORRELL, ANTHONY J III | |
| STREET ADDRESS | 3601 N NEBRASKA AVE | |
| CITY-ST-ZIP | TAMPA, FL 33603 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | MENENDEZ, CARLSO | |
| STREET ADDRESS | 3601 N. NEBRASKA AVE | |
| CITY-ST-ZIP | TAMPA, FL 33603 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | P.D.A.S.T. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3536 N. NEBRASKA AVE. | |
| CITY-ST-ZIP | TAMPA, FL 33603 | |
| TITLE | V.S. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3536 N. NEBRASKA AVE. | |
| CITY-ST-ZIP | TAMPA, FL 33603 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Date: 3/21/05 Daytime Phone #: 813-228-7303