
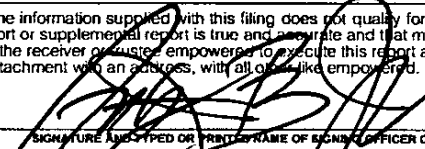


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90016 015 ***158.75

DOCUMENT # 685861			
1. Entity Name WILBEY INDUSTRIAL SERVICE CORPORATION			
Principal Place of Business 3536 N NEBRASKA AVE TAMPA, FL 33603 US		Mailing Address 3536 N NEBRASKA AVE TAMPA, FL 33603 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 172119	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tampa, FL	
Zip		Country USA	
4. FEI Number 59-2036930		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORRELL, ANTHONY, JR 3536 N NEBRASKA AVE TAMPA, FL 33603		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$530.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDAS BORRELL, ANTHONY JR 3536 N NEBRASKA AVE TAMPA, FL 33603	<input type="checkbox"/> Delete	PDTAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 172119 Tampa, FL 33672-0119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BORRELL, ANTHONY J III 3536 N NEBRASKA AVE TAMPA, FL 33603	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 172119 Tampa, FL 33672-0119
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 2/15/06 Daytime Phone #: 813-751-5050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANTHONY J. Borrell, Jr. PRESIDENT			



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