

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002394

FILED
Feb 08, 2007
Secretary of State

Entity Name: K2 INDUSTRIAL SERVICES, INC.

Current Principal Place of Business:

5233 HOHMAN AVENUE
HAMMOND, IN 46320

New Principal Place of Business:

Current Mailing Address:

5233 HOHMAN AVENUE
HAMMOND, IN 46320

New Mailing Address:

FEI Number: 27-0082245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANSFIELD, TED
Address: 5233 HOHMAN AVENUE
City-St-Zip: HAMMOND, IN 46320

Title: CEOT () Delete
Name: MANTA, JOHN
Address: 5233 HOHMAN AVENUE
City-St-Zip: HAMMOND, IN 46320

Title: CFAT () Delete
Name: BARTELL, RICH
Address: 5233 HOHMAN AVENUE
City-St-Zip: HAMMOND, IN 46320

Title: D () Delete
Name: AMMERMAN, ROBERT
Address: 5233 HOHMAN AVENUE
City-St-Zip: HAMMOND, IN 46320

Title: D () Delete
Name: MANTA, JOHN
Address: 5233 HOHMAN AVENUE
City-St-Zip: HAMMOND, IN 46320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANSFIELD, TED L
Address: 5233 HOHMAN AVENUE
City-St-Zip: HAMMOND, IN 46320

Title: CEOT (X) Change () Addition
Name: MANTA, JOHN L
Address: 5233 HOHMAN AVENUE
City-St-Zip: HAMMOND, IN 46320

Title: CFO (X) Change () Addition
Name: BARTELL, RICHARD S
Address: 5233 HOHMAN AVENUE
City-St-Zip: HAMMOND, IN 46320

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD S. BARTELL

CFO

02/08/2007

Electronic Signature of Signing Officer or Director

_____ Date