## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000005378

Entity Name: INDUSTRIAL GALVANIZERS - SOUTHEASTERN, INC.

FILED Feb 16, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9520 EAST BROADWAY TAMPA, FL 33619						
Current Mailing Address:			New Mailing Address:			
% INDUSTRIAL GALVANIZERS AMERICA 2820 WATERFORD LAKE DR SUITE 202 MIDLOTHIAN, VA 23112				% INDUSTRIAL GALVANIZERS AMERICA 3535 HALIFAX ROAD PETERSBURG, VA 23805		
FEI Number:	FEI Number: 59-3337381 FEI Number Applied For ( ) FEI Nu		FEI Num	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:						
Electronic Signature of Registered Agent						Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS: ADD					S/CHANGES	TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	SIMPSON, ANTH	RD LAKE DRIVE STE 202		Title: Name: Address: City-St-Zip:	C (X) SIMPSON, ANTI 3535 HALIFAX I PETERSBURG,	ROAD
Title: Name: Address: City-St-Zip:	ROBERTSON, A	RD LAKE DR STE 202		Title: Name: Address: City-St-Zip:	T (X) ROBERTSON, A 3535 HALIFAX I PETERSBURG,	ROAD
Title: Name: Address: City-St-Zip:	LEW, DAVID W	Delete RD LAKE DRIVE STE 202 A 23112		Title: Name: Address: City-St-Zip:	P (X) LEW, DAVID W 3535 HALIFAX I PETERSBURG,	ROAD
Title: Name: Address: City-St-Zip:	SHEPPARD, SH	RD LAKE DRIVE STE 202		Title: Name: Address: City-St-Zip:	S (X) SHEPPARD, SH 3535 HALIFAX I PETERSBURG,	ROAD
Title: Name: Address: City-St-Zip:	O (X) VADEN, RONALI 9520 EAST BRO TAMPA, FL 336	ADWAY		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: Citv-St-Zip:	O ()I MELLON, MARK 9520 EAST BRO TAMPA FL 336	ADWAY		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAUN SHEPPARD S 02/16/2005