


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # H77966	
1. Entity Name INDEPENDENT INVENTORY SERVICE INC.	

Principal Place of Business % JOSEPH R. SWINNEY 339R NORTH MILLS AVE. ARCADIA, FL 34266 US	Mailing Address 339 R NORTH MILLS AVE. P.O. BOX 849 ARCADIA, FL 34265-0849 US
---	--

DO NOT WRITE IN THIS SPACE



03012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2599188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SWINNEY, JOSEPH R 1011 NW HODENT RD ARCADIA, FL 34266

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

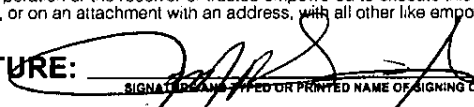
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP/T SWINNEY, JOSEPH R. 1011 NW HODENT ROAD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOPKINS, GERALD G. 1507 8TH STREET WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOPKINS, SHARON G D/S 1507 8TH STREET WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000849352
03/21/08-80017-007-150.00

DO NOT WRITE IN THIS SPACE

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-4-08 Daytime Phone #: (813) 494-7077