

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77966

FILED
Apr 14, 2009
Secretary of State

Entity Name: INDEPENDENT INVENTORY SERVICE INC.

Current Principal Place of Business:

% JOSEPH R. SWINNEY
339R NORTH MILLS AVE.
ARCADIA, FL 34266 US

New Principal Place of Business:

% JOSEPH R. SWINNEY
1011 NW HODENT ROAD
ARCADIA, FL 34266 US

Current Mailing Address:

339 R NORTH MILLS AVE.
P.O. BOX 849
ARCADIA, FL 342650849 US

New Mailing Address:

PO BOX 849
ARCADIA, FL 342650849 US

FEI Number: 59-2599188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWINNEY, JOSEPH R
1011 NW HODENT RD
ARCADIA, FL 34266 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: DP/T () Delete
Name: SWINNEY, JOSEPH R.
Address: 1011 NW HODENT ROAD
City-St-Zip: ARCADIA, FL 34266

Title: DV () Delete
Name: HOPKINS, GERALD G.
Address: 1507 8TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: DS () Delete
Name: HOPKINS, SHARON G D/S
Address: 1507 8TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JOSEPH SWINNEY

DP/T

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date