

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H83617

1. Entity Name
INDUSTRIAL & MARINE MAINTENANCE, INC.



Principal Place of Business
5511 24TH AVE SOUTH
TAMPA, FL 33619

Mailing Address
5511 24TH AVE SOUTH
TAMPA, FL 33619

**FILED
Mar 17, 2006 08:00 AM
Secretary of State**



DO NOT WRITE IN THIS SPACE

02042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2603454	Applied For Not Applied
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LENNON, PATRICK T
111 E MADISON ST, STE 2300
TAMPA, FL 33602

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

UD1000470799
03/28/06-80028-012 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME DUNCAN, CHAD
STREET ADDRESS 1011 W EMERALD DR
CITY-ST-ZIP BRANDON, FL

TITLE ST
NAME DUNCAN, CHAD (ASSIST)
STREET ADDRESS 1011 W EMERALD DR
CITY-ST-ZIP BRANDON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chad Duncan*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13 (813) 622-8338
Date Daytime Phone #