

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H99973

FILED
Jan 29, 2009
Secretary of State

Entity Name: INDUSTRIAL WATER SERVICES, INC.

Current Principal Place of Business:

1640 TALLEYRAND AVENUE
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

PO BOX 43369
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-2678951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUDLEY, A. THOMAS
4135 VENETIA BLVD
JACKSONVILLE, FL 32210 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 () Delete
Name: DUDLEY, A. THOMAS
Address: 4135 VENETIA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: BALL, WILLIS M III
Address: 3672 RICHARD STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: LANE, JAMES T JR.
Address: 6230 HIGHLANDS COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: DUDLEY, CHARLES T JR
Address: 8332 S. COMPASS ROSE DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: VS () Delete
Name: DUDLEY, A. THOMAS JR.
Address: 2055 HERSCHEL ST. #4
City-St-Zip: JACKSONVILLE, FL 32204

Title: T () Delete
Name: BROWN, BARBARA
Address: 9231 SAFFRON DR. E.
City-St-Zip: JACKSONVILLE, FL 32257

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:

Title: () Change () Addition
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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: BARBARA D. BROWN

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01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date