


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J85916 1. Entity Name INDEPENDENT CONTRACTORS SUPPLY, INC.						FILED 04 NOV 12 PM 1:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5008 W LINEBAUGH #32 TAMPA, FL 33624				Mailing Address 5008 W LINEBAUGH #32 TAMPA, FL 33624			
2. Principal Place of Business 5008 W LINEBAUGH AVE Suite, Apt. #, etc. 32				3. Mailing Address 5008 W LINEBAUGH AVE Suite, Apt. #, etc. 32			
City & State TAMPA FL				City & State TAMPA FL			
Zip 33624		Country USA		Zip 33624		Country USA	
4. FEI Number 59-2799376				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBBS, TERENCE H. 17001 DENNIS RD LUTZ, FL 33549				7. Name and Address of New Registered Agent Name HOBBS, TERENCE H. Street Address (P.O. Box Number is Not Acceptable) 10372 CARROLL WOOD LANE SUITE 246 City TAMPA FL Zip Code 33618			
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 TERENCE H. HOBBS				DATE 11/5/04			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME HOBBS, TERENCE H STREET ADDRESS 17001 DENNIS RD. CITY-ST-ZIP LUTZ, FL 33558				TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HOBBS, TERENCE H STREET ADDRESS 10372 CARROLL WOOD LANE STE. 246 CITY-ST-ZIP TAMPA, FL. 33618			
TITLE STD <input type="checkbox"/> Delete NAME HOBBS, TERENCE H STREET ADDRESS 17001 DENNIS RD. CITY-ST-ZIP LUTZ, FL 33558				TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HOBBS, TERENCE H STREET ADDRESS 10372 CARROLL WOOD LANE STE 246 CITY-ST-ZIP TAMPA FL. 33618			
TITLE VP <input type="checkbox"/> Delete NAME HOBBS, MARK A STREET ADDRESS 17001 DENNIS RD. CITY-ST-ZIP LUTZ, FL 33558				TITLE 3000430415018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 11/29/04--01054--006 **150.00			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowerments.							
SIGNATURE: TERENCE H. HOBBS				Date 11/5/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # (813) 240-3107			