

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90014 042 \*\*\*158.75

**DOCUMENT # J85916**

1. Entity Name

INDEPENDENT CONTRACTORS SUPPLY, INC.



Principal Place of Business

5008 W. LINEBAUGH AVE  
SUITE 32  
TAMPA FL 33624

Mailing Address

5008 W. LINEBAUGH AVE  
SUITE 32  
TAMPA FL 33624



2. Principal Place of Business - No P.O. Box #

5008 W. LINEBAUGH AVE

3. Mailing Address

5008 W. LINEBAUGH AVE

Suite, Apt. #, etc.

SUITE 27

Suite, Apt. #, etc.

SUITE 27

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33624

Country

USA

Zip

33624

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2799376

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOBBS, TERENCE H  
10372 CARROLLWOOD LANE  
SUITE 246  
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

HOBBS, TERENCE H

Street Address (P.O. Box Number is Not Acceptable)

104 TANGLEWOOD CT

City

SAFETY HARBOR FL

Zip Code

34695

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

*[Signature]*

TERENCE H. HOBBS

02/04/2008

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOBBS, TERENCE H	
STREET ADDRESS	104 TANGLEWOOD COURT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOBBS, TERENCE H	
STREET ADDRESS	104 TANGLEWOOD COURT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOBBS, MARK A	
STREET ADDRESS	10706 PRESERVE LAKE DR	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, MARK A	
STREET ADDRESS	10803 SUNDOWN VIEW CT	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 exemptions contained in Section 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 employment.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]*

TERENCE H. HOBBS 02/04/08 813 240-3107