

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55547

FILED
Jan 14, 2009
Secretary of State

Entity Name: INGERSOLL & INGERSOLL TOOLS, INC.

Current Principal Place of Business:

C/O LARRY INGERSOLL
5823 MEMORIAL HWY
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

C/O LARRY INGERSOLL
5823 MEMORIAL HWY
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-2925495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGERSOLL, LARRY
5823 MEMORIAL HWY
TAMPA, FL 33615 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: INGERSOLL, LARRY,
Address: 6410 WINGOOF CIRCLE
City-St-Zip: TAMPA, FL

Title: DV () Delete
Name: INGERSOLL, KAN,
Address: 6410 WINGOOF CIRCLE
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: INGERSOLL, SUNTHORN
Address: 6410 WINGOOF CIR
City-St-Zip: TAMPA, FL

Title: T () Delete
Name: CHATCHAWAN, INGERSOLL
Address: 7900 XERXES CT. N.
City-St-Zip: BROOKLYN PARK, MN

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
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: LARRY D INGERSOLL

DP

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date