

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010724

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** INDEPENDENT TEXTILE RENTAL ASSOCIATION, INC.

**Current Principal Place of Business:**

900 E AVERY STREET  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

900 E. AVERY STREET  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 20-0482965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMILTON, SCOTT CPA PA  
900 E AVERY STREET  
PENSACOLA, FL 32503 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

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: KARABAS, WILLIAM  
Address: 170 BOULDER INDUSTRIAL DR  
City-St-Zip: BRIDGETON, MO 63044

Title: VP ( ) Delete  
Name: DEL ROSSI, VINCE  
Address: 100 PENNELL ST  
City-St-Zip: CHESTER, PA 19013

Title: VP ( ) Delete  
Name: ETHRIDGE, RICK  
Address: P.O. BOX 979  
City-St-Zip: GARNER, NC 27529

Title: T ( ) Delete  
Name: SCHULTZ, MIKE  
Address: P.O. BOX 233  
City-St-Zip: BUTLER, WI 53007

**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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE SCHULTZ

T

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date