



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90022 034 ***150.00

DOCUMENT # P00000047092 1. Entity Name INNOVATED INDUSTRIAL SERVICES, INC.					
Principal Place of Business 3805 DRANE FIELD RD. LAKELAND, FL 33881			Mailing Address P.O. BOX 6838 LAKELAND, FL 33807-6838		
2. Principal Place of Business - No P.O. Box # 1416 Chamber Drive		3. Mailing Address Suite, Apt. #, etc.			
City & State Bartow, FL		City & State		4. FEI Number 59-3644841	
Zip 33831		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAPHORN, THOMAS N 3805 DRANE FIELD RD LAKELAND, FL 33811				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2960 Ewell Road City Lakeland FL Zip Code 33811	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAPHORN, THOMAS N 3805 DRANE FIELD RD LAKELAND, FL 33811 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2960 Ewell Road <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.					
SIGNATURE: 			Thomas Taphorn		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 863-533-1979 Daytime Phone #		