2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000037437

1. Entity Name

INTEGRATED METAL PRODUCTS, INC.



FILED Apr 09, 2008 08:00 A Secretary of State

Principal Place of Business

3929 HOLDEN ROAD LAKELAND, FL 33811 Mailing Address

P.O. BOX 6956

LAKELAND, FL 33807



04032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3709520

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBRITTON, WAYNE T 3929 HOLDEN ROAD LAKELAND, FL 33811

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	· -
10.	OFFICERS AND DIREC	TORS			U00000887846
NAME STREET ADDRESS CITY-ST-ZIP	D ALBRITTON, WAYNE T P.O. BOX 6956 LAKELAND, FL 33807				U00000887846 104/21/08-80036-018 150.00
TITLE ' NAME - STREET ADDRESS CITY-ST-ZIP	O ALBRITTON, EVA M P.O. BOX 6956 LAKELAND, FL 33807		:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ¹	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. The eby 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:

NAME STREET ADDRESS CITY-ST-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/3/08 Date 863-646-4100