

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000114975</b>	
1. Entity Name <b>INVENTORY MANAGEMENT SERVICES, INC.</b>	
Principal Place of Business <b>511 ISLAND COURT INDIAN HARBOR BEACH, FL 32937</b>	Mailing Address <b>511 ISLAND COURT INDIAN HARBOR BEACH, FL 32937</b>



02212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0713528</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WESTFALL, ROBERT A 511 ISLAND COURT INDIAN HARBOR BEACH, FL 32937</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WESTFALL, ROBERT A 511 ISLAND COURT INDIAN HARBOR BEACH, FL 32937</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WESTFALL, ISABELLE 511 ISLAND COURT INDIAN HARBOR BEACH, FL 32937</b>
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04/21/05-80017-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert A. Westfall **Robert A. Westfall** 4/19/05 321-779-5031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #