


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000022099</b> 1. Entity Name INTEGRATED VIBRATION SERVICES, INC.	
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Principal Place of Business 4414 HOLLOWAY MEADOW LANE PLANT CITY, FL 33567	Mailing Address 4414 HOLLOWAY MEADOW LANE PLANT CITY, FL 33567
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03142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 45-0472854	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LIGHTSEY, ANNIE LEE 4414 HOLLOWAY MEADOW LANE PLANT CITY, FL 33567
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIGHTSEY, ANNIE LEE 4414 HOLLOWAY MEADOW LANE PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIGHTSEY, STEVEN CRAIG 4414 HOLLOWAY MEADOW LANE PLANT CITY, FL 33567
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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:** Annie L. Lightsey 03-14-05 813-6500591  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #