

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000052789

1. Entity Name
INSTRUMENTS SOUTH CORPORATION



Principal Place of Business

**5101 GREAT OAK DRIVE
LAKELAND, FL 33815**

Mailing Address

**PO BOX 933
LAKELAND, FL 33802 US**



02172006 No Cfig-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1004464

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOEPEL, ROSS J MR.
5101 GREAT OAK DRIVE
LAKELAND, FL 33815**

**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 re/instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

JARRELL, ALBERT M

STREET ADDRESS

5109 GREAT OAK DR

CITY-ST-ZIP

LAKELAND, FL 33815

TITLE

P

NAME

TOEPEL, ROSS

STREET ADDRESS

5101 GREAT OAK DRIVE

CITY-ST-ZIP

LAKELAND, FL 33815

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

UN00000485688
04/13/06-80004-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/06 863-682-4500