

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073459

FILED
Mar 08, 2005
Secretary of State

Entity Name: INDUSTRIAL LUBE SALES & SERVICE, INC.

Current Principal Place of Business:

653 OLD EAST LAKE RD
TARPON SPRINGS, FL 346888405

New Principal Place of Business:

Current Mailing Address:

%H. JAMES FISCHER
PO BOX 1954
ST PETERSBURG, FL 337311954

New Mailing Address:

FEI Number: 51-0416084 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ENGLANDER & FISCHER, P.A.
721 FIRST AVE N
ST PETERSBURG, FL FL33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KRESS, JAMES W
Address: 653 OLD EAST LAKE RD
City-St-Zip: TARPON SPRINGS, FL 346888405

Title: DST () Delete
Name: KRESS, SUE M
Address: 653 OLD EAST LAKE RD
City-St-Zip: TARPON SPRINGS, FL 346888405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. KRESS

DP

03/08/2005

Electronic Signature of Signing Officer or Director

Date