


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000098818</b> 1. Entity Name <b>INDUSTRIAL RUBBER &amp; SUPPLY, INC.</b>					
Principal Place of Business <b>3983 NORTH W STREET PENSACOLA, FL 32505</b>			Mailing Address <b>3983 NORTH W STREET PENSACOLA, FL 32505</b>		
2. Principal Place of Business <b>3983 North W Street</b>		3. Mailing Address <b>3983 North W Street</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Pensacola, Florida</b>		City & State <b>Pensacola, Florida</b>		4. FEI Number <b>22-3867170</b>	
Zip <b>32505</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HAMES, MATTHEW 1600 GOVERNORS DR APT 1527 PENSACOLA, FL 32514</b>			7. Name and Address of New Registered Agent Name <b>Alan B. Bookman, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>30 South Spring Street</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32502</b>		
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 <b>11/18/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAMES, RICK E</b> <b>158 MADDOX RD</b> <b>DANVILLE, AL 35619</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Jennifer Tilley</b> <b>10207 Killinur Court</b> <b>Prospect, Kentucky 40059</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILL, EDWARD L</b> <b>2312 FAIRWAY CIR, SE</b> <b>DECATUR, AL 35601</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400042836404</b> <b>11/19/04--01026--004</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, WILLIAM T</b> <b>1211 BELTLINE RD</b> <b>DECATUR, AL 35603</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE: Jennifer B. Tilley, President</b>			<b>11/15/04 850-432-8617</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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