

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118053

FILED  
May 01, 2009  
Secretary of State

Entity Name: INCIDENT MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

1118 S. HWY 27  
CLERMONT, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 391  
MINNEOLA, FL 34755

**New Mailing Address:**

FEI Number: 54-2079941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YEAGER, DAVID  
218 MAGELLAN CIRCLE  
MINNEOLA, FL 34715 US

**Name and Address of New Registered Agent:**

YEAGER, JUDY  
1118 S HWY 27  
CLERMONT, FL 3471 US

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: JUDY YEAGER

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D,VP ( ) Delete  
Name: YEAGER, DAVID  
Address: P O BOX 391  
City-St-Zip: MINNEOLA, FL 34755

Title: DPT ( ) Delete  
Name: YEAGER, JUDY  
Address: P O BOX 391  
City-St-Zip: MINNEOLA, FL 34755

**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 exemption stated 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 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: JUDY YEAGER

DPT

05/01/2009

Electronic Signature of Signing Officer or Director

Date