

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118053

**FILED**  
**Apr 27, 2011**  
**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:**

501 S DISSTON AVE  
MINNEOLA, FL 34715

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

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

YEAGER, JUDY  
501 S DISSTON AVE  
MINNEOLA, 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/27/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: D,PT  
Name: YEAGER, JUDY  
Address: P O BOX 391  
City-St-Zip: MINNEOLA, FL 34755

I hereby 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 all other like empowered.

SIGNATURE: JUDY YEAGER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D,PT

04/27/2011

\_\_\_\_\_  
Date