
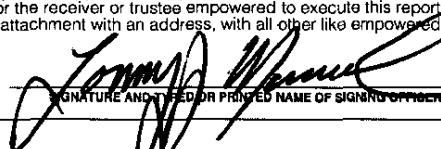


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90218 030 ***150.00

DOCUMENT # P03000028121 1. Entity Name INDUSTRIAL PLANT SUPPLY, INC.					
Principal Place of Business 9410 FLORIDA MINING BOULEVARD JACKSONVILLE, FL 32257			Mailing Address 9410 FLORIDA MINING BOULEVARD JACKSONVILLE, FL 32257		
2. Principal Place of Business 10777 PHILLIPS HIGHWAY Suite, Apt. #, etc.		3. Mailing Address 10777 PHILLIPS HIGHWAY Suite, Apt. #, etc.			
City & State JACKSONVILLE FL Zip 32256 Country		City & State JACKSONVILLE FL Zip 32256 Country		4. FEI Number 56-2330927	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCQUAIG, DAVID H 4745 SUTTON PARK COURT, SUITE 13 JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D <input type="checkbox"/> Delete MANUEL, TOMMY 1241 CUNNINGHAM CREEK DRIVE JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANUEL, TOMMY 1241 CUNNINGHAM CREEK DRIVE JACKSONVILLE, FL 32259		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VEALE, PAUL 456 ST. JOHNS GOLF DRIVE ST. AUGUSTINE, FL 32092	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VEALE, PAUL 456 ST. JOHNS GOLF DRIVE ST. AUGUSTINE, FL 32092		
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		
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.					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-26-04 (904) 880-3355 Daytime Phone #	