

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90036 019 \*\*\*150.00

**DOCUMENT # P03000028121**

1. Entity Name  
**INDUSTRIAL PLANT SUPPLY, INC.**



Principal Place of Business  
**10777 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256**

Mailing Address  
**10777 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256**

**40010582**



2. Principal Place of Business  
**989 IMESON PARK BLVD  
Suite, Apt. #, etc.  
BLDG. 100**

3. Mailing Address  
**989 IMESON PARK BLVD  
Suite, Apt. #, etc.  
BLDG. 100**

01142005 Chg-P CR2E034 (10/03)

City & State  
**JACKSONVILLE FL**

City & State  
**JACKSONVILLE FL**

4. FEI Number  
**56-2330927**

Applied For  
Not Applicable

Zip  
**32218**

Country  
**USA**

Zip  
**32218**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☒ Delete  
NAME **MANUEL, TOMMY**  
STREET ADDRESS **1241 CUNNINGHAM CREEK DRIVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **D** ☒ Delete  
NAME **VEALE, PAUL**  
STREET ADDRESS **456 ST. JOHNS GOLF DRIVE**  
CITY-ST-ZIP **ST. AUGUSTINE, FL 32092**

TITLE **DPT** ☐ Delete  
NAME **MANUEL, TOMMY**  
STREET ADDRESS **1241 CUNNINGHAM CREEK DRIVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **DVS** ☐ Delete  
NAME **VEALE, PAUL**  
STREET ADDRESS **456 ST. JOHNS GOLF DRIVE**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32092**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/T** ☒ Change ☐ Addition  
NAME **MANUEL, TOMMY J.**  
STREET ADDRESS **1241 CUNNINGHAM CREEK DRIVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **V** ☒ Change ☐ Addition  
NAME **VEALE, PAUL**  
STREET ADDRESS **456 ST. JOHNS GOLF DRIVE**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32092**

TITLE **P/D** ☐ Change ☒ Addition  
NAME **MANUEL, MARTHA W.**  
STREET ADDRESS **1241 CUNNINGHAM CREEK DRIVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Manuel, Tommy*  
President +  
Director

1/31/2005

(904) 7146950

Date

Daytime Phone #