2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028121

Entity Name: INDUSTRIAL PLANT SUPPLY, INC.

456 ST. JOHNS GOLF DRIVE

SAINT AUGUSTINE, FL 32092

Address:

City-St-Zip:

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 989 IMESON PARK BOULEVARD **BUILDING 100** JACKSONVILLE, FL 32218 **New Mailing Address: Current Mailing Address:** 989 IMESON PARK BOULEVARD **BUILDING 100** JACKSONVILLE, FL 32218 FEI Number: 56-2330927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCQUAIG, DAVID H 4745 SUTTON PARK COURT, SUITE 13 JACKSONVILLE, FL 32224 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 Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: MANUEL, MARTHA W Name: 1241 CUNNINGHAM CREEK DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: Title: ST () Delete () Change () Addition Name: MANUEL. TOMMY Name: 1241 CUNNINGHAM CREEK DRIVE Address: Address: JACKSONVILLE, FL 32259 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition VEALE, PAUL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: MARTHA W. MANUEL P/D 04/26/2006