

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90291 021 ***150.00

DOCUMENT # P03000088249

1. Entity Name

INDUSTRIAL CONTROL SERVICES, INC.



Principal Place of Business

5 N VALENCIA DR
FORT LAUDERDALE, FL 33324
DAVE

Mailing Address

5 N VALENCIA DR
FORT LAUDERDALE, FL 33324
DAVE

40087530



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0844399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AHERN, WILLIAM J
5 N VALENCIA DR
FORT LAUDERDALE, FL 33324
DAVE

**DO NOT WRITE
IN THIS SPACE**

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

William Aherne

(NOTE: Registered Agent signature required when reinstating)

4-25-06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME AHERN, WILLIAM J
STREET ADDRESS 5 N VALENCIA DR
CITY-ST-ZIP FORT LAUDERDALE, FL 33324

TITLE VSD
NAME AHERN, NANCY ELLEN
STREET ADDRESS 5 N VALENCIA DR
CITY-ST-ZIP FORT LAUDERDALE, FL 33324

TITLE VSD
NAME ELIZABETH AHERN
STREET ADDRESS 5 N VALENCIA DRIVE
CITY-ST-ZIP DAVE, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

William Aherne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06
Date

(954) 236-2765
Daytime Phone #