

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

08-11-2008 90123 022 ***150.00

DOCUMENT # P03000088249			
1. Entity Name INDUSTRIAL CONTROL SERVICES, INC.			
Principal Place of Business 5 N VALENCIA DR 1825 JOHNSON ST. DAVIE, FL 33324 HOLLYWOOD, FL 33020		Mailing Address 5 N VALENCIA DR 1825 JOHNSON ST. DAVIE, FL 33324 HOLLYWOOD, FL 33020	
2. Principal Place of Business - No P.O. Box # 1825 JOHNSON ST.		3. Mailing Address 1825 JOHNSON ST.	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104	
City & State HOLLYWOOD, FL.		City & State HOLLYWOOD, FL.	
Zip 33020	Country US	Zip 33020	Country USA 41
6. Name and Address of Current Registered Agent AHERN, WILLIAM J 5 N VALENCIA DR 1825 JOHNSON ST. #104 DAVIE, FL 33324 HOLLYWOOD, FL. 33020		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 \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PTD AHERN, WILLIAM J 5 N VALENCIA DR DAVIE, FL 33324 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AHERN, WILLIAM J ☒ Change ☐ Addition 1825 JOHNSON ST. #104 HOLLYWOOD, FL. 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD AHERN, ELIZABETH 5 NORTH VALENCIA DR DAVIE, FL 33324 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AHERN, ELIZABETH ☒ Change ☐ Addition 1825 JOHNSON ST. #104 HOLLYWOOD, FL. 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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09022008 Chg-P CR2E034 (12/06)

4. FEI Number
55-0844399 Applied For
Not Applicable

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

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 J. Ahern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-08
Date

(305) 323-9912
Telephone #

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

8/11/2008-90123-022-\$150.00-\$150.00

ATTACHMENT

DOCUMENT # P03000088249		
1. Entity Name INDUSTRIAL CONTROL SERVICES, INC.		
Principal Place of Business 5 N VALENCIA DR DAVIE, FL 33324		Mailing Address 5 N VALENCIA DR DAVIE, FL 33324
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AHERN, WILLIAM J 5 N VALENCIA DR DAVIE, FL 33324 220 JORDAN AVE. SHELBYVILLE, TN 37160		4. FEI Number 55-0844399 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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: <u>William J. Ahern</u> DATE: <u>8-7-08</u> Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.189(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD AHERN, WILLIAM J 5 N VALENCIA DR DAVIE, FL 33324 220 JORDAN AVE. SHELBYVILLE, TN 37160	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD AHERN, ELIZABETH 5 N VALENCIA DR DAVIE, FL 33324 220 JORDAN AVE. SHELBYVILLE, TN 37160	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>William J. Ahern</u> SIGNATURE AND TYPED OR PRINTED NAME OF BOSSING OFFICER OR DIRECTOR		<u>8-7-08 (22) 684-3845</u> Date Daytime Phone #