

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90049 015 ***150.00

DOCUMENT # P03000103480 1. Entity Name INTEGRITY MANAGEMENT GROUP, INC.					
Principal Place of Business 545 MARGARET ST. MERRITT ISLAND, FL 32953			Mailing Address 545 MARGARET ST. MERRITT ISLAND, FL 32953		
2. Principal Place of Business - No P.O. Box # 2272 W. Clovelly LN Suite, Apt. #, etc.		3. Mailing Address 2272 W. Clovelly LN Suite, Apt. #, etc.			
City & State St. Augustine FL Zip 32092		City & State St. Augustine FL Zip 32092		4. FEI Number 20-0360556	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROLL, WILLIAM 545 MARGARET ST. MERRITT ISLAND, FL 32953			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2272 W. Clovelly LN City St. Augustine FL Zip Code 32092		
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)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <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	P BROLL, WILLIAM 545 MARGARET ST. MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2272 W. Clovelly LN St. Augustine FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROLL, JUDY 545 MARGARET ST. MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2272 W. Clovelly LN St. Augustine FL 32092	
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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 Broll</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-14-08 <small>Date</small>		
			321-626-4060 <small>Daytime Phone #</small>		