2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State
05-04-2005 90156 039 ***150.00

DOCUMENT # P04000038506

1. Entity Name
INTEGRITY MAINTENANCE SERVICES INC.

Principal Place of Business	Mailing Address
5125 S. U.S. HIGHWAY 1 #3 ROCKLEDGE, FL 32955	5125 S. U.S. HIGHWAY 1 #3 ROCKLEDGE, FL 32955

66023343

01032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5125 S. US 1		5125 S. US 1	
Suite, Apt. #, etc.: SUITE 3		Suite, Apt. #, etc.: SUITE 3	
City & State: ROCKLEDGE		City & State: ROCKLEDGE	
Zip: 32955	Country: BREVARD	Zip: 32955	Country: BREVARD

4. FEI Number: 20-0817722 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURKETT, FRANK 5125 S. U.S. HIGHWAY 1 #3 ROCKLEDGE, FL 32955	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: ST NAME: BURKETT, FRANK STREET ADDRESS: 5125 S. U.S. HIGHWAY 1 #3 CITY-ST-ZIP: ROCKLEDGE, FL 32955	☐ Delete	Linda Brosche CEO - 1794 Crane Creek Blvd. Melbourne, FL 32940	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	HEATHER R. WYKOFF CFO 515 BUCKINGHAM AVE. MELBOURNE, FL 32935	☐ Change ☒ Addition
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
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

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: Frank Burkett 01-03-05 321-504-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #