

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162552

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** INDUSTRIAL MECHANICAL SERVICES, INC.

**Current Principal Place of Business:**

7033 COMMONWEALTH AVE.  
SUITE #9  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 26888  
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number:** 20-1951613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEMAN, RONALD F  
43062 THOMAS CREEK RD  
CALLAHAN, FL 32011 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: COLEMAN, RONALD F  
Address: 43062 THOMAS CREEK RD  
City-St-Zip: CALLAHAN, FL 32011

Title: DT  
Name: FLOYD, MIKE C  
Address: 54380 JAMIE DRIVE  
City-St-Zip: CALLAHAN, FL 32011

I hereby 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 all other like empowered.

SIGNATURE: RONALD F. COLEMAN

PRES

03/23/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date