

FILED  
Jun 13, 2006 8:00 am  
Secretary of State


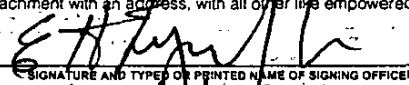
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2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

50021357



06082006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000109383</b>			
1. Entity Name INDUSTRIAL ELECTRIC SERVICES, INC.			
Principal Place of Business 110 B POCAHONTAS TRAIL GEORGETOWN, KY 40324		Mailing Address 110 B POCAHONTAS TRAIL GEORGETOWN, KY 40324	
2. Principal Place of Business 289 Blue Sky Parkway Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Lexington, KY		City & State	
Zip 40509		Country USA	
4. FEI Number 20-3505071		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, MICHAEL T. 2503 W. GARDNER CT. TAMPA, FL 33611		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
-FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Edward Lynch 289 Blue Sky Parkway Lexington, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		June 8, 2006 859-2551957	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Edward H. Lynch, Jr.		Date Daytime Phone #	