

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013884

FILED
Jan 08, 2007
Secretary of State

Entity Name: INSTITUTIONAL AND SUPERMARKET EQUIPMENT, INC.

Current Principal Place of Business:

7362 NW 5TH ST
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7362 NW 5TH ST
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 59-1004835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLUNSKY, PHILIP S
7362 NW 5TH ST
PLANTATION, FL 33317 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALEK, RON
Address: 1122 N CHERRY
City-St-Zip: SAN ANTONIO, TX 78202

Title: TD () Delete
Name: MILLER, JAMES R
Address: 3224 HINDS CREEK ROAD
City-St-Zip: HEISKELL, TN 37754

Title: SD () Delete
Name: LEONARD, FRANK
Address: 19430 68TH AVENUE SOUTH, SUITE B
City-St-Zip: KENT, WA 98032

Title: ASED () Delete
Name: POLUNSKY, PHILIP S
Address: 7362 NW 5TH ST
City-St-Zip: PLANTATION, FL 33317

Title: ASD () Delete
Name: BENSO, KENNETH
Address: 9709 E. 56TH STREET
City-St-Zip: RAYTOWN, MO 64133

Title: D () Delete
Name: HOLT, JEFFREY
Address: 3316 GIBBON ROAD
City-St-Zip: CHARLOTTE, NC 28269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHILIP POLUNSKY

D

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date