

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000052369

FILED
Dec 23, 2008
Secretary of State**Entity Name:** INDUSTRIAL POWER SERVICES, INC.**Current Principal Place of Business:**16923 ROCKRIDGE RD
POLK CITY, FL 33868 US**New Principal Place of Business:**16921 ROCKRIDGE RD
POLK CITY, FL 33868 US**Current Mailing Address:**16923 ROCKRIDGE RD
POLK CITY, FL 33868 US**New Mailing Address:**16921 ROCKRIDGE RD
POLK CITY, FL 33868 US**FEI Number:** 59-3197871**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ADAIR, ROBIN A CEO
16923 ROCKRIDGE RD
POLK CITY, FL 33868 US**Name and Address of New Registered Agent:**ADAIR, ROBIN A CEO
16921 ROCKRIDGE RD
POLK CITY, FL 33868 US

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:

12/23/2008

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: CEO () Delete
Name: ADAIR, ROBIN A CEO
Address: 16921 ROCK RIDGE RD
City-St-Zip: POLK CITY, FL 33868

Title: PRES () Delete
Name: KRUSE, BLANE A PRES
Address: 16724 ROCK RIDGE RD
City-St-Zip: POLK CITY, FL 33868

Title: VP (X) Delete
Name: ADAIR, ROBERT D VP
Address: 16923 ROCK RIDGE RD.
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change () Addition
Name: ADAIR, ROBIN A PRES
Address: 16921 ROCK RIDGE RD
City-St-Zip: POLK CITY, FL 33868

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBIN ADAIR

CEO

12/23/2008

Electronic Signature of Signing Officer or Director_____
Date