## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P97000014425 1. Entity Name 10 APR 21 PM 2: 15 INTEGRATED SALES & SUPPLY INC. SECRETARY OF STATE FALLAHASSEE, FLOPE ! Principal Place of Business Mailing Address 3780 TAMPA ROAD OLDSMAR FL 34677 3780 TAMPA ROAD OLDSMAR FL 34677 2. Principal Place of Business - No P.C. Box # 3. Mailing Address REINSTATEMENT (10/07) Suite, Apt, #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3431200 Not Applicable Zıp Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUGGEMAN, JOHN K Street Address (P.O. Box Number is Not Acceptable) 2206 PORTSIDE PASSAGE PALM HARBOR FL 34685 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed hence of segistered abent and util Tilappicatio. (NOTE: Registered Agent eignaturn required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete TITLE Change Addition NAME BRUGGEMAN, JOHN K NAME 300173045413 03/24/10--01035--020 \*\*\$50.00 STREET ADDRESS 2206 PORTSIDE PASSAGE STREET ADDRESS CITY - ST- ZIP PALM HARBOR FL 34685 CHY-S1-7(8) TITLE ☐ Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE ☐ Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1111.0 ☐ Derete TITLE ☐ Change Addition NAME NAME 3**0017304541**3 04/20/10--01031--010 \*\*35 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **\*\*358.** TITLE Derete TITLE Addition SMAIN NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP TITLE ☐ Delete MLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 bath, 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.

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