

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90027 031 ***150.00

DOCUMENT # P98000030853

1. Entity Name

INTEGRITY MANAGEMENT SOLUTIONS, INC.



Principal Place of Business

**403 CATFISH CREEK ROAD
LAKE PLACID FL 33852**

Mailing Address

**403 CATFISH CREEK ROAD
LAKE PLACID FL 33852**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3505181**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLAIRE, SALLY S
403 CATFISH CREEK ROAD
LAKE PLACID FL 33852**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CPTD	<input type="checkbox"/> Delete
NAME	CLAIRE, EARL J	
STREET ADDRESS	3120 MULLINEAUX LN	
CITY - ST - ZIP	ELLICOTT CITY MD 21042	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CLAIRE, SALLY S	
STREET ADDRESS	3120 MULLINEAUX LN	
CITY - ST - ZIP	ELLICOTT CITY MD 21042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIRE, EARL J	
STREET ADDRESS	403 CATFISH CREEK RD	
CITY - ST - ZIP	LAKE PLACID, FL 33852	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIRE, SALLY S	
STREET ADDRESS	403 CATFISH CREEK RD	
CITY - ST - ZIP	LAKE PLACID, FL 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby 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 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:

Earl J. Claire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Feb 07

Date

(321) 917-7991

Daytime Phone #