

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # V21242

1. Entity Name
INTEGRATED PLANT MANAGEMENT, INC.



Principal Place of Business
**21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486**

Mailing Address
**21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0377906

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARROLL KEVIN M
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUZY, DAVID
STREET ADDRESS	21045 COMMERCIAL TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	ST
NAME	CARROLL, KEVIN
STREET ADDRESS	21045 COMMERCIAL TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	
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UD0000394064
01/25/06-80046-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN CARROLL

1/18/06 561750880
Date Daytime Phone #