

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006313

FILED
Jan 21, 2009
Secretary of State

Entity Name: INDUSTRIAL TURNAROUND CORPORATION

Current Principal Place of Business:

13203 N. ENON CHURCH RD.
CHESTER, VA 23836

New Principal Place of Business:

Current Mailing Address:

13203 N. ENON CHURCH RD.
CHESTER, VA 23836

New Mailing Address:

FEI Number: 54-1453225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVIVCES, INC.
17888 67TH CT. NORTH
LOXAHATCHEE, FL 33470 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: PT () Delete
Name: LOFTIS, D. JON
Address: 13203 N. ENON CHURCH RD.
City-St-Zip: CHESTER, VA 23836

Title: VS () Delete
Name: STARNES, RICHARD W
Address: 13203 N. ENON CHURCH RD.
City-St-Zip: CHESTER, VA 23836

Title: C () Delete
Name: HARRISON, SIDNEY M
Address: 13203 N. ENON CHURCH RD.
City-St-Zip: CHESTER, VA 23836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LOFTIS, D. JON
Address: 13203 N. ENON CHURCH RD.
City-St-Zip: CHESTER, VA 23836

Title: VP (X) Change () Addition
Name: STARNES, RICHARD W
Address: 13203 N. ENON CHURCH RD.
City-St-Zip: CHESTER, VA 23836

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: D. JON LOFTIS

_____ Electronic Signature of Signing Officer or Director

PRES

01/21/2009

_____ Date