


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 195645 1. Entity Name SOUTHERN INDUSTRIAL SUPPLY CORPORATION	
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Principal Place of Business 2558 28TH AVENUE NORTH ST PETERSBURG, FL 33713	Mailing Address 2558 28TH AVENUE NORTH ST PETERSBURG, FL 33713
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0781658	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZACUR, RICHARD 5200 CENTRAL AVE. SAINT PETERSBURG, FL 33707

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HEHENBERGER, HOLLY 7880 9TH AVE S ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FINE, WILLIAM 11100 7TH ST EAST TREASURE ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRUNETTE, J. D 7963 23RD AVENUE NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEHENBERGER, JACK 7880 9TH AVE N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FINE, JAMES B 1359 80TH ST S. SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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05/03/05-80103-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	4/29/05	727-323-1300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>