

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 19, 2008 08:00 AM
Secretary of State**

DOCUMENT # F00000001584

1. Entity Name
INDUSTRIAL APPLE, INC.



Principal Place of Business
**PO BOX 29048
GLENDALE, CA 91209-9048**

Mailing Address
**PO BOX 29048
GLENDALE, CA 91209-9048**



DO NOT WRITE IN THIS SPACE

05122008 No Chg-P CR2E034 (11/05)

4. FEI Number
95-4568673

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

**000000951655
05/04/08-80044-020 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOWROYD, BERNARD
327 W. BROADWAY
GLENDALE, CA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
HOYAL, MICHAEL A
327 W. BROADWAY
GLENDALE, CA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

MICHAEL A. HOYAL

5/13/08

Date

818 240 8688

Daytime Phone #