## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000003312

Entity Name: HONIRON CORPORATION

FILED Jan 16, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 400 SOUTH CANAL STREET JEANERETTE, LA 70544 **Current Mailing Address: New Mailing Address:** PO BOX 620 JEANERETTE, LA 70544 FEI Number: 72-1400649 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POTIER, BENJAMIN 3830 NORTH US 27 N.W. MOORE HAVEN, FL 33471 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD ( ) Delete Title: (X) Change ( ) Addition GIARDINA, JACOB A SR GIARDINA, JACOB A SR Name: Name: 400 S. CANAL ST. 400 S. CANAL ST. Address: Address: City-St-Zip: JEANERETTE LA City-St-Zip: JEANERETTE, LA Title: VD Title: ( ) Delete () Change () Addition Name: RODRIGUE, KENNETH Name: 400 S. CANAL ST. Address: Address: JEANERETTE, LA City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition DIAZ, EDGARDO Name: Name: 400 S. CANAL ST. Address: Address: City-St-Zip: JEANERETTE, LA City-St-Zip: Title: () Delete Title: () Change () Addition WILLETT, STEVENS Name: Name: Address: 400 S CANAL STREET Address: City-St-Zip: JEANERETTE, LA 70544 City-St-Zip: Title: Title: ( ) Delete () Change () Addition RICHE, RAY Name: Name: 400 S CANAL STREET Address: Address: City-St-Zip: JEANERETTE, LA 70544 US City-St-Zip: Title: () Delete Title: PCD ( ) Change (X) Addition Name: Name: GIARDINA, JACOB A JR 400 S CANAL STREET Address: Address: City-St-Zip: City-St-Zip: JEANERETTE, LA 70544 US

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: JACOB A GIARDINA JR PCD 01/16/2008