

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001435

Entity Name: ASTRAL INDUSTRIES, INC.

FILED  
Feb 03, 2009  
Secretary of State

## Current Principal Place of Business:

4725 E LAKELAND COMMERCE PKWY  
#19-20  
LAKELAND, FL 33805 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 638  
LYNN, IN 47355

## New Mailing Address:

FEI Number: 35-1279953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 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: CEO ( ) Delete  
Name: SHAW, CHARLES B  
Address: 6198 E. U.S. HWY 36  
City-St-Zip: LYNN, IN 47355

Title: PRES ( ) Delete  
Name: HAZELETT, DAVID A  
Address: 5998 W 400 S  
City-St-Zip: FARMLAND, IN 47340

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHERRY CORYA

MGR

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date