


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000002950 1. Entity Name HOOD INDUSTRIES, INC.	
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Principal Place of Business 15 PROFESSIONAL PARKWAY P.O. BOX 17317 HATTIESBURG, MS 39404-7317	Mailing Address 15 PROFESSIONAL PARKWAY P.O. BOX 17317 HATTIESBURG, MS 39404-7317
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04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0673525	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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) DATE _____


**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNAM, JOHN A 301 HONEYSUCKE DR HATTIESBURG, MS 39402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DAVIS, LARRY D 30 GRAND BAYOU CIR HATTIESBURG, MS 39402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WISLOCKI, BILL 16 CANEBRAKE HATTIESBURG, MS 39402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIMM, DONALD B 15 PROFESSIONAL PKWY HATTIESBURG, MS 39402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000331490 04/26/05-80021-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **John A. Burnam, Sec.** **04/21/05** **601-583-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #