


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L99996
 1. Entity Name
 HUB CITY INDUSTRIAL SUPPLY, INC.



Principal Place of Business Mailing Address
 BOX 3609 BOX 3609
 LAKE CITY, FL 32056 LAKE CITY, FL 32056



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3025732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MAGSTADT, MARK
 RR 8 BOX 1029
 ASHBY ROAD
 LAKE CITY, FL 32055

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P MAGSTADT, MARK ROUTE 9, BOX 1029 LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEWART, SCOTT ROUTE 9, BOX 1042 LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, PAM ROUTE 9, BOX 1042 LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGSTADT, TAMMY ROUTE 9, BOX 1029 LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/10/05-80057-024 150.00

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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)(l), 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: Mark Magstadt, President 12-31-04 386-755-9401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #