

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L99996

**FILED
Apr 01, 2009
Secretary of State**

Entity Name: HUB CITY INDUSTRIAL SUPPLY, INC.

Current Principal Place of Business:

371 SW RING COURT
SUITE 101
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

BOX 3609
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3025732 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CURRY, GABRIEL
319 SW BELMONT TERRACE
LAKE CITY, FL 32024 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: P () Delete
Name: CURRY, GABRIEL
Address: PO BOX 215
City-St-Zip: LAKE CITY, FL 32056

Title: V () Delete
Name: STEWART, SCOTT
Address: PO BOX 1208
City-St-Zip: LAKE CITY, FL 32056

Title: V () Delete
Name: KOCK, KEVIN
Address: PO BOX 2943
City-St-Zip: LAKE CITY, FL 32056

Title: V () Delete
Name: JOHNSON, STUART
Address: PO BOX 3516
City-St-Zip: LAKE CITY, FL 32056

Title: V () Delete
Name: JOHNSON, SHAWN
Address: PO BOX 762
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GABRIEL M. CURRY

P

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date