
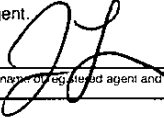
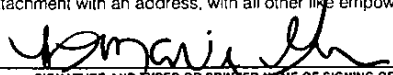


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90303 013 ***150.00

DOCUMENT # P03000040184 1. Entity Name INDUSTRY, INC			
Principal Place of Business 1515 RIDGEWOOD AVENUE HOLLY HILL, FL 32117		Mailing Address 1515 RIDGEWOOD AVENUE HOLLY HILL, FL 32117	
2. Principal Place of Business 1515 Ridge Wood Ave Ste B Suite, Apt. #, etc.		3. Mailing Address 1515 Ridge Wood Ave Ste B Suite, Apt. #, etc.	
City & State Holly Hill FL		City & State Holly Hill FL	
Zip 32117		Zip 32117	
Country Volusia		Country Volusia	
4. FEI Number 65-1183416		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 LOGUIDICE, JOE 1515 RIDGE WOOD AVE STE A HOLLY HILL, FL 32117		7. Name and Address of New Registered Agent Name Joe Loguidice Street Address (P.O. Box Number is Not Acceptable) 1515 Ridge Wood Ave Ste A City Holly Hill FL Zip 32117	
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 Joe Loguidice DATE 1/17/05	
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature is required when reinstating)		Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature is 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ROSEMARIE 1515 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 Ste B	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garcia, Rosemarie 1515 Ridge Wood Ave Ste B Holly Hill FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, VINCENT 1515 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 Ste B	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garcia, Vincent 1515 Ridge Wood Ave Ste B Holly Hill FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4/25/05 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50043538



01132005 Chg-P CR2E034 (10/03)