


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000040184	
1. Entity Name INDUSTRY, INC	

Principal Place of Business 1515 RIDGEWOOD AVENUE SUITE B HOLLY HILL, FL 32117	Mailing Address 1515 RIDGEWOOD AVENUE SUITE B HOLLY HILL, FL 32117
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

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

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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 _____
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, 2007 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	D GARCIA, ROSEMARIE 1515 RIDGE WOOD AVE STEB HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, VINCENT 1515 RIDGE WOOD AVE STEB HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/27/07** **386 270-3717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #