


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90136 001 \*\*\*158.75

<b>DOCUMENT # P07000038798</b>			
1. Entity Name <b>2500 INDUSTRIAL, INC.</b>		Principal Place of Business <b>2500 INDUSTRIAL DRIVE PANAMA CITY FL 32405</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>PO BOX 35157 PANAMA CITY FL 32412</b> Suite, Apt. #, etc. City & State Zip	
Country		Country	



1st MOORE CR2E034 (10/07)

4. FEI Number <b>261690054</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>POUCHER, ALLEN L JR 2257 RIVERSIDE AVE JACKSONVILLE FL 32204</b>		7. Name and Address of New Registered Agent Name <b>RALPH H. Segrest, Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>2500 INDUSTRIAL Drive</b> City <b>PANAMA CITY</b> FL Zip Code <b>32405</b>	
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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 Ralph H. Segrest, Jr. Ralph H. Segrest, Jr. April 14, 2008  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signat. required when constituting) DATE

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEGREST, RALPH H JR			NAME			
STREET ADDRESS	PO BOX 35157			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32412			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEGREST, JANE G			NAME			
STREET ADDRESS	PO BOX 35157			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32412			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ralph H. Segrest, Jr. RALPH H. Segrest, Jr April 14, 2008 850-785-3031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #