## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 25, 2008 8:00 am Secretary of State **DOCUMENT # P07000038818** 1. Entity Name 04-25-2008 90137 024 \*\*\*158.75 1813 INDÚSTRIAL, INC. Principal Place of Business Mailing Address 2500 INDUSTRIAL DR. PANAMA CITY FL 32405 PO BOX 35157 PANAMA CITY FL 32412 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 26 1689810 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RALPH H. SBARBST, JE POUCHER, ALLEN L. JR. 2257 RIVERSIDE AVE. JACKSONVILLE FL 32204 2500 INDUSTRIAL DRIVE PANAMA CITY 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. APRil 14, 2008 when reinstational FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS TITLE ☐ Change ☐ Derete TITLE SEGREST, RALPH H. JR. NAME NAME STREET ADDRESS PO BOX 35157 STREET ADDRESS CITY-SI-7IP PANAMA CITY FL 32412 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition SEGREST, JANE G. NAME STREET ADDRESS PO BOX 35157 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32412 CITY-ST-ZIP TITLE Delete ITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition 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.

FILED

SIGNATURE: Relate Signature and typed on Printing of Printing Officer or director. Seg. Rest, Jr. April 19, 2008 850-785-3031