

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P98000093593

1. Entity Name

H.B. MORNINGSTAR INDUSTRIES INC.



Principal Place of Business

3820 GULF BLVD., UNIT 101
ST. PETERSBURG, FL 33706

Mailing Address

3820 GULF BLVD., UNIT 101
ST. PETERSBURG, FL 33706



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3551957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

400000065596
04/07/08-80035-003 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ROSS, JAMES R
STREET ADDRESS 3820 GULF BLVD., UNIT 101
CITY-ST-ZIP ST. PETERSBURG, FL 33706

TITLE DVST
NAME ROSS, HARRIET E
STREET ADDRESS 3820 GULF BLVD., UNIT 101
CITY-ST-ZIP ST. PETERSBURG, FL 33706

TITLE D
NAME FOWLER, DWIGHT A
STREET ADDRESS 3820 GULF BLVD., UNIT 101
CITY-ST-ZIP ST. PETERSBURG, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Harriet Ross HARRIET ROSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 7/08

1-800-737-8681

Date

Daytime Phone #