2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000017355

Title:

Name:

Address:

City-St-Zip:

(X) Delete

FRIERY, THOMAS

2190 N. CREDE AVENUE

CRYSTAL RIVER, FL 34428

FILED May 05, 2008 Secretary of State

Entity Nan	1e: HB INDU	STRIES, INC.			
Current Pr	incipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	REDE AVENU RIVER, FL 34				
Current Mailing Address:			New Mailing Address:		
P.O. BOX CRYSTAL I	RIVER, FL 34	1423			
FEI Number:	59-3561160	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
2190 N. CR CRYSTAL I	RIVER, FL 34	1428 US	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR					
		nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD (TWARDOSKY, 2190 N. CRED CRYSTAL RIVE	E AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (SEFFERN, TRA 2190 N. CRED CRYSTAL RIVE	E AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TRACY SEFFERN S 05/05/2008

() Change () Addition