

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90053 018 \*\*\*150.00

**66429859**



04212004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000033641</b> 1. Entity Name <b>HILDEGARD, INC.</b>					
Principal Place of Business <b>10 ARROWHEAD DR ORMOND BEACH, FL 32174</b>			Mailing Address <b>10 ARROWHEAD DR ORMOND BEACH, FL 32174</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>54-2128414</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DEUMELAND, MICHAEL 10 ARROWHEAD DR ORMOND BEACH, FL 32174</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MICHAEL DEUMELAND</b>		NAME		
STREET ADDRESS	<b>10 ARROWHEAD DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>		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		
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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Michael Deumeland Pres.</i>			<b>4-21-4 386-623-6473</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

*Attachment*

**RAYMOND A. PHELAN**  
Certified Public Accountant\*  
and  
Certified Financial Planner™

66429859

FLORIDA INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS  
AND  
THE FINANCIAL PLANNING  
ASSOCIATION



623 N. GRANDVIEW AVENUE  
DAYTONA BEACH, FL 32118-3820

TELEPHONE: (386)252-6556  
FAX: (386)252-0808

July 9, 2004

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

RE: Hildegard, Inc.

P03000033641

Dear Sir or Madam:

The above referenced corporation received your postcard in regards to "Notice of Intent To Dissolve". This corporation did file and pay the \$150 annual fee prior to May 1, 2004 (see attached copy of your letter dated April 12, 2004 and the 2004 Annual Report signed April 21, 2004).

Because the original submission was returned for additional information, we are thinking that the re-submission has not yet gotten into your computers. Please check this out and correspond your findings to the corporation.

Thank you for your consideration in this matter.

Sincerely,

Lynn Snyder  
Staff Accountant

LS:sjl  
enclosures

cc with enclosures: Hildegard, Inc.