## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # 672010** 1. Entity Name 04-21-2004 90105 047 \*\*\*150.00 HEDEGARD INDUSTRIES, INC. Principal Place of Business Mailing Address 1805 N. BAY RD. P.O. BOX 335 MOUNT DORA FL 32757 EUSTIS FL 32727-0335 3. Mailing Address 2. Principal Place of Business MORRITTS GORT Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FE! Number Applied For 59-2021596 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired saKe Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEDEGARD, PATRICIA B 1805 N. BAY RD. MOUNT DORA FL 32757 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. New address MLE ☐ Delete TITLE HEDEGARD, GLEN A NAME NAME 1984 MORRITTS COURT 1805 N. BAY RD. STREET ADDRESS STREET ADDRESS Eustis, F1 32726 MOUNT DORA FL 32757 CITY-ST-ZIP CITY-ST-ZIP TD TITLE Delete TITLE Addition HEDEGARD, GLEN A NAME NAME STREET ADDRESS 1805 N. BAY RD. STREET ADDRESS CITY-ST-7IP MOUNT DORA FL 32757 CITY-ST-ZIP TITLE **VPD** ☐ Delete Change ☐ Addition MAME HEDEGARD, PATRICIA B. --- -NAME-1984 MORRITTS COURT STREET ADDRESS 1805 N. BAY RD. STREET ADDRESS CITY-ST-ZIP MOUNT DORA FL 32757 CITY-ST-ZIP TITLE Delete TITLE Addition NAME HEDEGARD, PATRICIA B. NAME STREET ADDRESS 1805 N. BAY RD. 11 STREET ADDRESS MOUNT DORA FL 32757 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

**FILED**