


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 672010 1. Entity Name HEDEGARD INDUSTRIES, INC.	
--	---

Principal Place of Business 1805 N. BAY RD. MOUNT DORA, FL 32757	Mailing Address 1984 MORRITTS COURT EUSTIS, FL 32726
--	--



03202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2021596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HEDEGARD, PATRICIA B 1984 MORRITTS COURT EUSTIS, FL 32726

**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 Patricia B Hedegard 4-28-05
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEDEGARD, GLEN A 1984 MORRITTS COURT EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEDEGARD, GLEN A 1805 N. BAY RD. MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEDEGARD, PATRICIA B. 1984 MORRITTS COURT EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEDEGARD, PATRICIA B. 1805 N. BAY RD. MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000354990
05/03/05-80129-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Patricia B Hedegard Patricia B. Hedegard 4-28-05 589-2688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #