


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000006624
 1. Entity Name
 THE HENNEGAN COMPANY



Principal Place of Business
 7455 EMPIRE DRIVE
 FLORENCE, KY 41042

Mailing Address
 7455 EMPIRE DRIVE
 FLORENCE, KY 41042

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
 31-0316040

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCOO
NAME	OTT SR, ROBERT B
STREET ADDRESS	7455 EMPIRE DRIVE
CITY - ST - ZIP	FLORENCE, KY 41042
TITLE	VS
NAME	OTT, KEVIN D
STREET ADDRESS	7455 EMPIRE DRIVE
CITY - ST - ZIP	FLORENCE, KY
TITLE	V
NAME	PURCELL, DENNIS J
STREET ADDRESS	7455 EMPIRE DRIVE
CITY - ST - ZIP	FLORENCE, KY 41042
TITLE	VT
NAME	FLECK, DONALD C
STREET ADDRESS	7455 EMPIRE DRIVE
CITY - ST - ZIP	FLORENCE, KY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Donald C. Fleck Date: 1/23/07 Daytime Phone #: 859-282-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR