

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000000993**

1. Entity Name  
**HOGENSON CONSTRUCTION, INC.**



Principal Place of Business

206 12TH AVE. NE  
WEST FARGO, ND 58078

Mailing Address

206 12TH AVE. NE  
WEST FARGO, ND 58078

**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>41-1405062</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**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 \_\_\_\_\_

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	MATTKE, DUNNLEY
STREET ADDRESS	PO BOX 777
CITY-STATE-ZIP	WEST FARGO, ND 58078

TITLE	VP
NAME	BAKKEN, DALE
STREET ADDRESS	PO BOX 777
CITY-STATE-ZIP	WEST FARGO, ND 58078

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000106489  
04/08/04-80018-008 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/04**

Date

Daytime Phone # \_\_\_\_\_