

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000391

FILED
Apr 20, 2005
Secretary of State

Entity Name: UMOE SCHAT-HARDING INC.

Current Principal Place of Business:

912 HIGHWAY 90 EAST
NEW IBERIA, LA 70560

New Principal Place of Business:

Current Mailing Address:

912 HIGHWAY 90 EAST
NEW IBERIA, LA 70560

New Mailing Address:

FEI Number: 22-2108896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEIL, GLENN R
116 CANAL STREET
SUITE B
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ROSSLAND, OVE
Address: UMOE SCHAT-HARDING AS
City-St-Zip: 5470 ROSENDAL NORWAY,

Title: D () Delete
Name: KJERSEPETH, TRYGVE
Address: UMOE SCHAT-HARDING AS
City-St-Zip: 5470 ROSENDAL NORWAY,

Title: DP () Delete
Name: JOSEPH, GARY
Address: 912 HIGHWAY 90 EAST
City-St-Zip: NEW IBERIA, LA 70560

Title: S (X) Delete
Name: NELSON, GREGORY
Address: 912 HIGHWAY 90 EAST
City-St-Zip: NEW IBERIA, LA 70560

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY W. JOSEPH

P

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date