

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002555

FILED
Apr 26, 2007
Secretary of State

Entity Name: ERGON, INC.

Current Principal Place of Business:

2829 LAKELAND DR
JACKSON, MS 39232 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1308
JACKSON, MS 39215 US

New Mailing Address:

FEI Number: 64-0503423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: CD () Delete
Name: LAMPTON, LESLIE B
Address: 2829 LAKELAND DR.
City-St-Zip: JACKSON, MS 39232

Title: VST () Delete
Name: STONE, KATHRYN W
Address: 2829 LAKELAND DR.
City-St-Zip: JACKSON, MS 39232

Title: PD () Delete
Name: LAMPTON, LESLIE B III
Address: 2829 LAKELAND DR.
City-St-Zip: JACKSON, MS 39232

Title: PD () Delete
Name: LAMPTON, LEE C
Address: 2829 LAKELAND DR.
City-St-Zip: JACKSON, MS 39232

Title: PD () Delete
Name: LAMPTON, WILLIAM W
Address: 2829 LAKELAND DR
City-St-Zip: JACKSON, MS 39232

Title: PD () Delete
Name: LAMPTON, ROBERT H
Address: 2829 LAKELAND DR
City-St-Zip: JACKSON, MS 39232

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
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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 Chapter 119, 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: KATHRYN W. STONE

VST

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date