

MAIL

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90459 021 ***150.00

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DOCUMENT # F94000003979					
1. Entity Name HANES INDUSTRIES DIVISION, INC.					
Principal Place of Business 600 NORTHWEST BLVD WINSTON SALEM, NC 27102 US			Mailing Address P.O. BOX 757 CARTHAGE, MO 64836		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOMBLE, RALPH		NAME		
STREET ADDRESS	600 NW BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	WINSTON SALEM, NC 27102		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNSTEIN, DONALD H		NAME	Park, Dennis S.	
STREET ADDRESS	600 NORTHWEST BLVD		STREET ADDRESS	No 1 Leggett Road	
CITY-ST-ZIP	WINSTON SALEM, NC 27102		CITY-ST-ZIP	Carthage, MO 64836	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSSBECK, SHERI L		NAME		
STREET ADDRESS	NO 1 LEGGETT ROAD		STREET ADDRESS		
CITY-ST-ZIP	CARTHAGE, MO 64836		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, JERRY W JR		NAME		
STREET ADDRESS	600 NW BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	WINSTON SALEM, NC 27102		CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFERIES, ROBERT A JR		NAME	Jett, Ernest C.	
STREET ADDRESS	NO. 1 LEGGETT ROAD		STREET ADDRESS	No 1 Leggett Road	
CITY-ST-ZIP	CARTHAGE, MO 64836		CITY-ST-ZIP	Carthage, MO 64836	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURSER, KENNETH W		NAME		
STREET ADDRESS	NO. 1 LEGGETT ROAD		STREET ADDRESS		
CITY-ST-ZIP	CARTHAGE, MO 64836		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Kenneth W. Purser</i>		Kenneth W. Purser		4/25/05 (417) 358-8131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Vice President		Date Daytime Phone #	